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ABSTRACT

The theme of the fifth annual Symposium on Group Procedures was "The Use of Group Procedures in the Prevention and Treatment of Drug and Alcohol Addiction." Symposium participants included professionals in counseling; clinical, school, and educational psychology, psychiatry, and social work. In addition, invitations were sent to members of government, law enforcement, and the judiciary. The symposium consisted of the following sessions: a group therapy session; psychodrama intervention with drug addicts; behavior modification with alcoholics; a values-oriented approach to drug abuse prevention education; a game of confrontation with a view to changing the life style of the hard core addict; and the use of fantasy anf gestalt therapy with drug addicts. (WS/Author)

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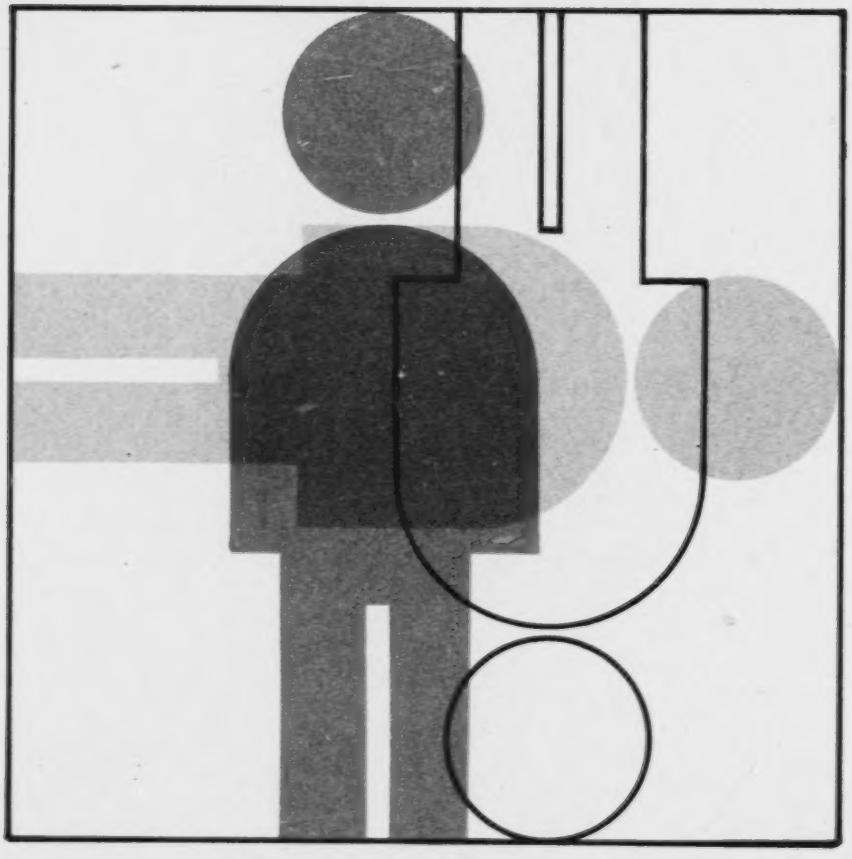

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A SYMPOSIUM ON THE USE OF GROUP PROCEDURES IN THE PREVENTION AND TREATMENT OF DRUG AND ALCOHOL ADDICTION

ED 073395

Proceedings

A SYMPOSIUM ON THE USE OF GROUP PROCEDURES IN THE PREVENTION AND TREATMENT OF DRUG AND ALCOHOL ADDICTION

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PREFACE

"The Use of Group Procedures in the Prevention and Treatment of Drug and Alcohol Addiction" was the theme of the fifth annual Symposium on Group Procedures. This symposium was co-sponsored by the College of Education and the Institute of Government of the University of Georgia. This symposium, like the four earlier symposia, was organized for the following purposes:

1. To facilitate the dialogue among educators and members of the helping professions from other disciplines which is prerequisite to reaching a cooperative working relationship or "team approach" in the field of group work.
2. To provide interested professionals with the opportunity to observe, interact with, and challenge some of the leading proponents of the more recent, promising, and/or controversial approaches in the field of group work--in this instance as group procedures were applied to the prevention and treatment of drug addiction.
3. To recognize the need for more and better research in the field of group work.
4. To provide a forum for presenting and debating issues of ethical concern in group work.

The symposium participants were invited to represent the several disciplines within the helping professions including counseling, clinical, school, and educational psychology, psychiatry, and social work. In addition, special invitations were sent to members of government, law enforcement, and the judiciary. There were over 500 participants from over 20 states in attendance.

Consistent with the purposes of the symposium, the consultants were chosen from among the most renowned in their speciality. Ray Johnson, M.D., and Diane Bell, R.N., presented a group therapy session with individuals receiving a combination of group therapy and methadone. Richard Korn, Ph.D., presented a psychodramatic approach to the treatment of addiction. Ken Swift, M.S., and Vitali Rozynko, Ph.D., used behavior modification in their rationale and treatment procedure with alcoholics. Ed Lasher, M.Ed., utilized the "Game" as he demonstrated its application to groups of former drug users. Wilson Van Dusen, Ph.D., demonstrated the use of fantasy and Gestalt therapy with former drug users. The use of preventative procedures was illustrated by George Demos, Ph.D., and Herbert Brayer, M.S.

The full experience of the symposium cannot be fully reproduced in this proceedings, but at the expense of the literary style of the consultants, we tried to maintain the spontaneity of the presentations and interactions.

ACKNOWLEDGMENTS

There were many individuals who assisted with the 1972 Symposium. I am especially grateful to Dean Joseph A. Williams of the College of Education and to Jan Cooper and Charles Bishop of the Institute of Government for their financial support. The consultants were very cooperative and accommodating in the performance of their roles and in interacting with the participants. Paul Kea and the Center for Continuing Education staff were excellent hosts. Richard Lane and his staff were instrumental in preparing the copy for the proceedings. To all these individuals and especially to the students of my Group Counseling course who handled many of the details of the Symposium, I am personally grateful.

The invited participants as usual were very cooperative and involved in the program. I appreciate their interest and invite them to return for 1973.

G. M. Gazda
Symposium Coordinator

GROUP THERAPY SESSION

Dr. Ray Johnson, Psychiatrist
and
Miss Diane Bell, Head Nurse

Drug Dependence Unit
Grady Memorial Hospital
Atlanta, Georgia

Dr. Johnson: Diane, why don't you get me off the spot by telling how you got involved with the Drug Dependence Unit at Grady?

Miss Bell: About two years ago I was a nurse working in the emergency room, and there were a lot of older nurses working there, too. A doctor, another psychiatrist working up on the eighth floor, decided that he was going to recruit some drug addicts. He asked me to go down to the emergency room to get their methadone. We discussed this by word of mouth, of course; but when the patients came down to pick up their methadone, the older nurses said, "We're not going to have anything to do with them, so you can do it." It seemed that nobody else wanted to do it, so I did it. Then a job came open. They needed a clinic, because we had more and more patients applying for the treatment. When I was asked to take the job, I did, because I had found out that these people weren't just addicts. They were people, too.

Dr. Johnson: There is a similarity between this and the reason I started working in the Drug Dependence Unit. I had worked in the in-patient service at Grady for years as liaison between psychiatry and the rest of the hospital, but they hired somebody to do the consult service on a full-time basis, so they didn't really need me to do what I thought I really liked to do--be involved with the medical and surgical services simultaneously. The only spot they had open was in the Drug Dependence Unit, and it really has been a heck of a lot more enjoyable working there than anywhere else in the hospital. I have really enjoyed it. When I was free to choose, I really wasn't having much fun; but when they stuck me into a spot where I didn't have any choice, it was fun.

Miss Bell: I was wondering if the people would like to know a little bit more about the unit. It officially opened August 4, 1970, and we had eight patients at that time. Two of those eight people will be with us tonight in our group. Now we have an enrollment of fifty-one on maintenance, and each week we probably see between twenty and thirty people who are trying to withdraw and detoxify. The clinic has grown from one senior drug abuse counselor, one part-time psychiatrist, and one nurse to four nurses, four counselors, two psychiatrists, and lots and lots of assistants and volunteer people.

Dr. Johnson: What about the history of this group? I took it on with you in July of 1971, but you had been meeting a long time before I came on the scene. Will you say something about that?

Miss Bell: At first the groups that started when we started on methadone treatment were mandatory groups. You had to be there or else you weren't on the payroll--that type of thing. These were led by the psychiatrist who was in charge of the clinic at that time. Group therapy was kind of a new thing to most of the patients, and it wasn't very effective initially. A lot of people didn't like to come. We suggested to the clinic

at that time that people lost interest in the groups, and I lost interest myself. I did not want to go, either. In fact, I tried to find ways to stay out of the groups.

Dr. Johnson: I bet you hadn't been there for quite a few sessions when I got there. I remember some of the first sessions we had. "We want some of Diane, you know." They were really angry at you. They started working out a lot of their feelings against you. I knew then that you and I could work together and make it a lot more fun and maybe a lot more productive than if I had done it all by myself with Diane sitting on the sidelines somewhere.

Miss Bell: I hadn't had very much training in group therapy, so being able to be a group member really helped.

Dr. Johnson: I think that is the real secret of the group, doing away with a lot of professionalism and stuff that makes for an authoritative-submissive relationship. I think the best thing that I have to offer persons in a group is myself, my own feelings, my own ideas. When I give to them my ideas and my feelings, I not only share but also model.

Miss Bell: I think this was hard for me--to come from being head nurse and the authority to being a member of the group, letting the group members know about me, letting them have time to let me know about them. Now I really feel that I am a member of the group, not just the head nurse who goes around giving orders.

Dr. Johnson: I have one basic thing that I really have to stay with, an area where I have to re-examine myself frequently. I must be sure that my acceptance of the other person or patient or client (whatever you want to call him) is not contingent on his performance. He doesn't have to lay an egg for me, you know. Nothing he does is going to get him kicked off the program. I might raise hell and all this sort of thing, but I hope that everybody on the program knows that there is not anything as far as I am concerned that they can do that is going to make me care less about them. Angry feelings, confusion, and frustrations may cloud things over, but that is all. I get away from that sometimes, you know, falling back into the old patterns and regressions, but I hope that when I do it is pointed out and I don't continue to do it. I think that is the cornerstone. If the patient has to be something and get some kind of reward from us, this is just repeating the same old problem that a lot of them have been dealing with all along. I think people can know hell without having to enter it. This is my own philosophy.

Miss Bell: Our goal is, briefly, to try to make each day go a little better, to learn how to work out grievances that are going on in everyday living, and try to work things out a little better.

Dr. Johnson: We really aren't what you'd call experts. I guess I belong to a sort of jackleg group therapy, or something, because I haven't written any books. None of these people here have written any books. Another thing about goals is to help people in whatever way we can to have more realistically determined good feelings and fewer unrealistically determined bad feelings. Part of it is helping people learn how to get in touch with their feelings and own them and not be afraid of them and realize that most of the time they are not going to lose control and go berserk if they accept the angry feelings and hurt feelings and frustrated feelings and successful feelings. We help them learn to express their feelings. I guess one of our goals for ourselves is to try to stop destructive trends. I guess that is about all.

Miss Bell: Do we have any ground rules for our group? One is: no one ever hurts another so much that we cannot pick him up again.

Dr. Johnson: Dr. Gazda gave me a list of his ground rules a couple of years ago, and I have used them in just about every group since then. One is that everyone here is a member of the group just because he walked in and took a seat. We try to be as honest and open as we can. The function of the leader is to protect the belonging of every member in the group--to make sure that everybody who has something to say gets heard, either emotionally or verbally. I think one way we try to do this when we work as co-leaders is to sit on opposite sides of the group so that Diane can see the people that are sitting next to me and I can see the people that are sitting next to her. Another thing, working as co-leaders, each of us can get involved in a way we couldn't if there were just one of us here. I can get into the group with my feelings and Diane can pull back a little bit and maintain a distance and keep me from being hurt and pick up on someone else around the group who may need to be heard. If I am emotionally involved in the dialogue, as George Gazda used to call it, then there is no way for me to be really sensitive to what is going on with someone across the way, so this is sort of like a push-pull. You know, last week, Diane, you were all upset; you were hurting and crying when you were attacked. I knew that was not the time for me to be whole-hog in the group myself; I needed to pull out and make sure that the function of the group leader was being taken care of. You weren't in any condition to do all of that yourself. What do we hope for?

Miss Bell: I hope that the people get a taste for some of the things we are accomplishing.

Dr. Johnson: I don't know how easy that is going to be because this is a lot different from the closed walls of that little room, but maybe the audience can get some of the flavor of it. Let's get started. Will the members of the group come up and join us?

* * * * *

\# = Female Group Member
* = Male Group Member

#: A friend asked me why I come to the groups. It is a little more intimate. We never used to talk much. It's better in a small group.

Dr. Johnson: It sounds like you're saying you like me or something.

#: Yes, but I get mad at you sometimes, too.

Dr. Johnson: At least you haven't been mad with me lately.

#: You've made me realize a lot of things.

Dr. Johnson: Is there some of that that you would feel free to share now, or is it too early to do that?

(Some chatter back and forth--unclear.)

#: I've been seeing how far I could push you.

Dr. Johnson: You mean raising the methadone?

#: Uh-huh. After talking to you I felt a lot better about it.

Dr. Johnson: I don't understand that altogether.

#: Me neither. I think I just needed you to tell me what I already knew, within myself.

#: Are you scared? I don't think it's going to be too much more realistic when we get the two groups together and they start smoking. My eyes begin to water--don't have to worry--this is a pretty big room.

Dr. Johnson: It is nerve-racking, isn't it? I told you there was going to be a big crowd.

#: Most of us don't like being in the spotlight--and with five hundred people.

to these other people as an addict rather than as a person. This is a battle that I have within myself. I think I am doing much better than I was.

Miss Bell: Did I understand that you have difficulty relating to these people as people rather than as addicts?

#: This is a problem that I have been struggling with, and it was a greater problem nine months ago than it is now; but I still have this problem to a certain extent. I fall back into the old habit of relating to people as addicts rather than as people.

Miss Bell: Does anybody else see it that way?

*: We share one common interest, just like a lot of people share one common interest. Another thing: we are, as Dr. Gazda said, playing to the audience. In a situation like this we are going to play to the audience. With another group we might be more at ease. We are used to a closed room with the people we are used to all around us. We are not going to bring up the same subjects here that we talk about in our small groups.

Dr. Johnson: We are talking about the general conditions.

*: Yes, but we meet once a week, and one person will usually have a problem. He will bring it up, and we will iron it out in the group.

#: It used to be, before Dr. Johnson came, that just about every group we had would wind up talking about systems and drugs and everything. Do you all remember how it used to be? It is so much different now--so much better.

Dr. Johnson: I was going to say for the audience to get something out of this, we are going to have to start telling them something about ourselves, about how we got started on drugs, about how we got started on the program. Otherwise, they are not going to get anything from it.

*: We really don't care if they get anything from it or not.

Dr. Johnson: Well, I thought that was the purpose of our being here.

*: We thought we would get something out of it.

*: Two and a half years ago, I was really hung up. I was using heroin and anything else I could get, stealing and writing bad checks. Now for the past two years I have worked and haven't used any drugs and have been on this methadone. Now I can go home at night and lie down and sleep. I used to be out all night with dope or looking for dope, but now I work and hold my head up--even go to church once in a while. This is wonderful medicine if you really want to get yourself straightened out.

Dr. Johnson: I am feeling a little uncomfortable right now because I feel, when we are talking about our feelings about being here, when we are talking about the realities of the present situation we are faced with, that we are a group. I know this means a lot to you, but this word "methadone"--I just get the heebie-jeebies. I know methadone is important, but I feel that it is sometimes just a way we have of getting away from our feelings. Really, when you were talking a while ago about how we are going to have to tell these people about how things used to be . . .

*: We have to talk about how we got started on this program. They (audience) are going to try to get something out of having this conference here, just like we are going to get something out of it. Ordinarily, we are going to get something out of it, anyway. I'm getting something just knowing that they are benefitting.

Dr. Johnson: Can you put us on the right track? He started out on the right track talking about how things were going two and a half years ago and how they are today, about how much the program has helped him, about the methadone.

*: Actually, we don't have anybody who has gone on maintenance, then withdrawn medicine, and stayed off dope.

Dr. Johnson: I don't think that's true. Has J_____ come back yet?

#: Not as far as I know.

Dr. Johnson: What I really was talking about was that I felt we were getting away from being a group at that point. I think, when we talk about drugs and methadone and all, it is a good way to relate; but it takes away from the group. I feel that I'm being excluded. I feel that I'm being shut out.

#: I think you thought we were talking about the methadone alone and not about the program. One couldn't make it without both of them.

*: Maybe I was saying to myself, "I don't want methadone to have any credit for any of the good things that have happened." I don't think any of us would be here without it, though.

#: I don't think I would be alive if it weren't for methadone.

#: I think Dr. Johnson told it like it really is. He really does have a deep-seated feeling about methadone.

Dr. Johnson: What did I say about methadone? What are my feelings about methadone?

#: Just what you said. You said you think it is better to let him come out with methadone than without it.

(At this point, a female group member introduces the subject of A_____, her husband, who has just been released from prison.)

Dr. Johnson: You're talking about A_____ now. You're talking about your feelings toward me because A_____ has been in prison three years. He's out of prison now and we haven't put him on methadone.

*: Yeah, this is something that you could do, and all of a sudden he's out and you said you couldn't do it.

Dr. Johnson: That is right.

*: Maybe for A_____ it would be a mistake.

*: How many days do you have to be off before you know it is a mistake?

*: When you get out after being locked up, all of us are going to know. That's right.

Dr. Johnson: You've all been through it.

All: We all feel this way. He (A_____) does have to have it. It is a mental thing.

*: I've been there myself.

*: I've been on heroin myself.

#: And you always went back to it, too, didn't you?

*: No, I stayed off eighteen months.

#: But then you went back.

*: No, I went on methadone.

#: But you still went back . . .

*: When I got on methadone? I got on it at Grady for the simple reason that, when I moved here, I had drugs.

#: But you had been on methadone.

*: Sure I had been on methadone before.

#: You spent twenty years--he'd rather be on methadone than to go to jail another twenty years.

#: But after twenty years in prison . . .

*: We have helped, but we can't say that this guy has been in prison for three years, so we're going to . . .

*: You don't know. You've never been there. I know that he needs it. I know that if we can't help him he'll get it from somebody else.

#: I wouldn't try to talk for someone else because I wouldn't know what someone else feels. I'm just saying from my own experience. Understand? I've been on it a long time myself. You said he's been using it twenty-five years. I've been using it for twenty-five or more. I've been

to prison more than once. So I say that I needed methadone.

Dr. Johnson: May I interrupt? You have already made a martyr of A_____, and I have never laid eyes on the guy. I don't know what I would do. I have never seen him. He has never contacted me. I don't know whether I would decide he needs methadone or might be able to get by without it. I didn't say we are going to put somebody who has been in prison for three years on methadone. I would evaluate him.

#: I've heard several people say, "You don't really need methadone, you need therapy, you need to get into the program." I think what a lot of people aren't realizing is that some of us were incapable of getting into any sort of therapeutic program without methadone. This may be true of A_____. I know that I was not capable of getting into a therapeutic program without methadone. Hopefully, maybe some day I will be able to say that I can continue on my own steam without methadone, but I could never have entered this program without methadone. That's something that has to be considered, too.

Dr. Johnson: It is my responsibility to decide. It is between A_____ and me--if he ever shows up. I feel that methadone's real value so far is that it is the best way I know of for buying time. I have not said anything else about A_____ and methadone one way or the other. I said we would evaluate him if he does come in. I did say that if he has been clean for three years it is unlikely that we would addict him to methadone. How long did it take you to get on the maintenance program?

#: About five months. It took me five months, and I was down there nearly an hour every day. And, Dr. Johnson, do you know what a drag it is for me to come down to that hospital every day and get my medicine? Every day I have to quit what I'm doing and come down to the hospital. But I feel nothing. It's like drinking a glass of water in the morning. I come along, and I'm normal, and I sleep at night. Do you think I want anybody else into this thing?

Dr. Johnson: What I am hearing you say is that you are really scared about what is going to happen to A_____. You're hurting, and you don't know what is going to happen. You sound like you heard me say that I was going to put him on methadone, and I never said that.

#: That is what I mean. You said, "Tell him to come to see me Monday morning."

#: She's not trying to get him high on drugs. She's just trying to save him.

Dr. Johnson: Apparently you are all anxious about A_____. A_____ is a pretty important guy. But when I say I am going to put somebody on the program, that is not synonymous with putting him on methadone. I can't say what we are going to do until I see the guy, until he shows up.

*: I can see why he is nervous about getting involved with anything after what he has been through. He's afraid that he's going to go out and the least little thing he gets into.... He's afraid to get involved in anything.

#: I want to ask Bob something. How long have you been using drugs?

*: A lot longer than you have. About two and a half years.

#: Didn't you say that until the time you were in Charleston you had never been in withdrawal. Well, then, you know, you've got a lot to learn. That has everything to do with it. What he said about A____--he said he didn't need it.

*: I said if I ever got so involved--like being in jail for three years--I would have more sense than to get involved again.

#: Oh, well, that is funny! How can you say that? You mean, you could

sit in jail for three years and listen to all the people getting on to you, and say, "Boy, when I get out, the first thing I'm going to do is . . ."?

#: He can't say that because he hasn't been through that. I can, because I have been where he is before. As soon as I got out, I went right back to drugs.

*: For what reason?

#: I don't think she can tell you one reason why she went back.

*: I thought that you had never used drugs until you got out of prison.

#: Boy, I used drugs for sixteen years. I used ups and downs, everything but narcotics, for sixteen years. Then, when I lost my kids, that's when I went to narcotics. That's twenty-four years of drug use.

*: Narcotics are the only habit-forming--I mean major habit forming . . .

#: Wow, you have got so much to learn!

Miss Bell: Learn about what?

#: Drugs. You had better learn it from the ones who know it and have been through it.

#: I don't know why I got on drugs.

*: You mean you have to have sleeping pills every night to go to sleep?

#: No, I don't take sleeping pills.

*: You have to have a pack of crackers every night before you go to sleep?

#: No, I kicked those two days ago.

#: I think we all feel that you don't want A_____ on methadone treatment. Why doesn't A_____ come down here and say, "Look, Dr. Johnson, I want on the methadone program"?

#: Because Dr. Johnson has a very negative idea of how he would be received if he went over there.

#: I wouldn't go over there if I were A_____.

*: Dr. Johnson, there is a very negative idea about how he would be received if he went over there. Do you have some ideas about how he would be received?

#: Yeah, I do. I've got a good idea. Very civilly. You would respond to him, you know, like a psychiatrist talks to a patient; but when he told you that he wanted to go on the methadone treatment, you would say, "It is against the law; you can't do that."

Dr. Johnson: It is against the MDA guidelines, to put somebody on it . . .

#: Maybe the guidelines ought to be changed. Maybe they ought to know that there is reason for it to be changed.

#: You're waiting until some statistics are available. By that time, A_____ is going to be dead, one of the statistics.

Dr. Johnson: You don't know what is going to happen to A_____.

#: No, but I know about the impression that you're giving.

Dr. Johnson: I may give him methadone. I may not.

#: He doesn't have to do that. He can go to the state prison Monday morning and be put right on. I wouldn't want him to do this, but if <u>you</u> do this to him, I'm going with him.

Dr. Johnson: If I do what?

#: I want to stay with this group; these are my lifelong friends. I would rather stay with them. You'll just drive me out the door if you don't put him on.

Miss Bell: Are you saying <u>drive you</u> out the door?

#: Uh huh.

*: Don't be naive.

Dr. Johnson: I've got rules that I have to go by.

*: What are the rules for? What is the purpose of the rules?

*: There is something basically wrong with any rule that places all of us on the treatment. I don't think it is right for a psychiatrist to be able to prescribe methadone or any kind of medicine for anybody.

#: Well, I'm going to Dr. _____ tomorrow if Dr. Johnson doesn't put him on.

#: Well, it is like Dr. Johnson just said. He doesn't know what he might do. He may put him on methadone, but he may not.

#: I din't have any of this to go on--like you said, he might cope with it, and then, he might not.

Dr. Johnson: I know you are upset.

#: I am not upset anymore, but I just want to know why you see it one way and that is it. You're the only one that can set him straight. I can't do anything else to you.

Dr. Johnson: I am hearing all of you say you are concerned about him--for him. You know the way he was three years ago; you expect him to go right back on narcotics.

#: I didn't say he was getting out tomorrow; I'm telling you that you made a mistake.

Dr. Johnson: What was my mistake?

#: You didn't put him on methadone the day he came out.

Dr. Johnson: He didn't come to see us.

#: You were sitting by me. I came early that morning. I spent one hour waiting to get in to talk with you. You did not say to bring him down here.

#: I know he would have been here tonight if you had put him on the treatment.

Dr. Johnson: This sure means a heck of a lot of you, doesn't it?

*: It means that he knows he is going to slip up.

#: And if he goes back, he is going to be gone for a long time (referring to the state prison).

#: Only on methadone can we keep him away from drugs. I don't know what he's going to do, but I know if you had said that you would put him on last Thursday when he got out of the joint, he'd have come straight here from the state prison when I went to get him. This is really kind of personal, but his mother got out of her bed two nights in a row, slept on the couch, so he could be alone. How do you think that made him feel? So I say, don't push him back out into it. He's got a job now; he's working, and he's very proud of this.

Dr. Johnson: I'm hoping that his involvement with drugs, if he does get involved with . . . and I'm hoping that if he needs methadone we will see to it that he gets it. He'll have to make contact with us before we can do anything. That's the way I feel. Do you feel any differently?

#: I think this program has proved that it can help old-time junkies, persons who have been using drugs for a long time, because there are quite a few of us who have jobs now, who go to church regularly. It's not just the methadone; it's the whole thing. I think it can help the old timers as well as . . .

#: I think methadone is a means.

#: Right.

#: I found that I mean so much to my child, and my grandchildren really mean so much to me. I've got six and another one on the way.

Miss Bell: I'd like to say that it feels good to hear you say that you want him to be a part of this group.

Dr. Johnson: E_____, do you have some feelings? I noticed that your jaw was tight.

*: I think it would keep A_____ away from crime and would keep him off the hard drugs. He is going back to hard drugs if he doesn't get some help --and in the next day or two, because he is the type that is going to mess up; and you can keep him from messing up.

#: There is no proof that methadone is going to help A_____ or anyone that much . . .

#: It's not just the methadone.

#: I know it's not just the methadone.

#: As you know, I had never been off the stuff for a whole year until the day I took methadone on my own because Dr. Johnson said I wasn't ready to be withdrawn. I always went back on the stuff, even after a year, until I started the treatment.

#: While on methadone you lead a pretty normal life.

Dr. Johnson: Others start each morning with a glass of orange juice, and we start each day with a glass of methadone. "And if I don't have the methadone in the morning, get out of my way."

#: We all had a reason for taking drugs, and now we talk about why we shouldn't use drugs instead of why we should.

*: Has A_____ been on drugs this whole three years while in prison?

#: No.

*: Sleeping pills?

#: No.

Dr. Johnson: Hold on, now. I want to talk.

#: You always do.

Dr. Johnson: What I am picking up is a lot of concern for A_____. A_____ is not in the group now, but he is very important to you. Everybody knows A_____. I don't know A_____. Okay, he is a very important person, but I think all of us here are very important, too. I hear a lot of feelings toward me and about the methadone groups, and I wonder if there is another side; but I think that there are other feelings, too, that could tie into this--dealing with the here and now.

*: I think she should be made happy, too (referring to A_____'s wife, who wants him in this group and on methadone).

Dr. Johnson: How do you mean?

*: Every now and then she could have A_____; she'd be happy and you could be happy. She ain't been happy.

#: We don't want to lose him again. He won't be back again.

*: We want him on the program.

#: And that's why we will help to keep A_____ here. He has seventeen years of parole to back up two and a half years before . . . again. Dr. Johnson, you sure don't trust me.

#: Dr. Johnson, we are all concerned about A_____, because A_____ is A_____. I think we identify with A_____.

*: Dr. Johnson, I think there are too many people talking at one time.

#: She said that A_____ ought to help her by staying off drugs. You know, after twenty-five years, it is not a physical thing. But with A_____ it is. A_____ needs help, like you said, therapy; and methadone's got to help. It has helped all of us. Methadone is addictive, but wouldn't that be better than drugs? Methadone can't really hurt him, and it may help him.

*: Seventeen years of his life are big odds. Why not give him the benefit of any doubt?

*: Do you think he knows if he does anything he goes back for seventeen years?

*: If he violates his probation or parole.

Miss Bell: Warren, did you want to say something?

Warren: I was thinking about A_____'s trying to get on. If he needs it, I would want him to get on; but as for myself, I wish I had never taken methadone. As for A_____, it doesn't mean a thing to me. But I wish I had never taken it, the way I feel sometimes.

#: Never had what?

Warren: Methadone.

#: I wish I had never taken the first pill or shot.

Warren: Then you wouldn't have to have the methadone.

#: That's right.

Warren: It adds up. If I never had had drugs, I wouldn't have methadone.

#: Yes, and he is like us, in that he is probably psychologically addicted, even though he isn't taking anything right now.

#: I think in a lot of ways people are more normal when they are addicted than they are when they are on methadone.

*: I think that over a period of time they are.

#: It takes only one shot to become psychologically addicted. I know.

Dr. Johnson: I think that a lot of you intellectualize and talk authoritative talk about drugs, and I don't think anybody is saying anything about himself.

#: You made the statement that we are all so concerned about A_____, like we are getting away from our own personal problems; and we are concerned about A_____, because A_____ is A_____ and because all of us are identifying with A_____. And this labeling, you know, we're addicts; we've been there; we've been where A_____ is at; we've known the fear, the pain, and all this that he's going through now. So your attitude toward him sort of threatens us. Now, that may be a little too deep for you to understand.

*: Yes, we all do know where A_____ is now. Every one of us, if we were there again, would wish that we could have methadone so that we would not go back to the other thing.

Miss Bell: I hear you saying that you are scared because you've been where A_____ has been.

#: I think we all would hate to see A_____ die or go back to jail.

Dr. Johnson: Do you think we ought to have A_____ in the same group?

#: Do you think we are going to have him any other way?

Miss Bell: Well, I'd like to extend an invitation to you to invite A_____ to come to the group on Tuesday, okay?

#: Beautiful!

Miss Bell: It's purely an invitation now. Is that all right with everybody else?

#: Okay.

#: Nobody in this group would keep him out. We tell it like it is in this group.

#: Dr. Johnson is feeling jumped on.

Miss Bell: Do you feel jumped on?

Dr. Johnson: About my feelings: yes, I feel like I've been on the spot or under attack. I don't know exactly how to respond; I don't know that there is too much that I can do tonight. Of course, I can't say to you, "Okay, I'll give you some methadone to take to A_____." A_____ will have to show up sooner or later, and I think I will have a word or two with him before we do anything. I think you have all jumped to conclusions about my attitude toward you or my attitude toward methadone. You have all had some personal experience with me about methadone. I wonder how much that has meant to you. Do you feel that I could feel very strongly against it and deal with you as I have?

#: No, it is just that I'm down. I was really up tight about coming tonight, but I came because it put me in contact with my one best friend. I was so up tight until I came here and sat down. I kept saying, "I can't let Dr. Johnson down, let him know I'm here but not say a word all night. I might as well tell you like it is."

#: It is about time he found out how everybody feels about it.

#: Thinking about A_____, how about having everybody tell how they feel about it?

Dr. Johnson: Do you want me to promise that I will put him on methadone when I see him?

#: I just don't know. I'm sure you're open-minded, and when A_____ comes in you will give him the same talk you gave all of us.

#: Dr. Johnson has really been good to us.

(There is a lot of discussion concerning A_____ and whether he will be put on methadone if he voluntarily comes to the clinic. One person seems convinced that Dr. Johnson does not want A_____ in the program.)

Dr. Johnson: Right now, I'm more concerned with you than I am with A_____. I'm concerned about your feelings, because I can see how upset you are.

#: All you have to do is say you will put him on methadone.

*: Joan has been under the impression, has been given to understand all along--who said what about it, I don't know--that the group or committee would put A_____ on if he could get out on parole. That's practically a condition of his parole. And now you're standing up there and saying you'll just talk to him about it. The program has been here, and putting him on the program is part of the basis for his parole. Now you are saying there is quite a bit of doubt about it.

Dr. Johnson: I never said we would put him on methadone for sure.

*: Well, everybody else thought that was what you meant. I thought about four people spoke up and said you were going to put him on the program.

Miss Bell: I really didn't know anything about A_____. I knew you were trying to get him out, and I knew your feelings about it; but I don't remember anyone's ever offering to . . .

#: _____ talked to _____, and she said that if he got out he would be put on methadone. We thought he would be put on methadone, and that is what we told him.

#: Well, I think it is more important to find out what we are going to do tomorrow than to keep on rehashing what everybody thought. I think you have already said that you have to talk to A_____, and this is something that all of us had to go through. We all had to be interviewed.

*: I came down to the program with a very small habit because I had just got out of Milledgeville (state mental hospital) anyway. _____ got on the program, and they put me on a week later simply because I was her husband. I had to wait until you got back in town Wednesday. I had to go without on Saturday, Sunday, Monday, and Tuesday.

#: I was on methadone. I came through the emergency room and I got on the same day. I told _____, and he said, "Put me on," but I told him to come down himself. He came down the next week, and they put him on methadone.

#: It took me three months to get on the program. Do you remember?

*: Well, I talked to Miss Bell and Miss _____, and they told me to come back tomorrow. At the time I had just got through using drugs. I had shot my last drug, and I knew tomorrow if I didn't go out and get some money I wouldn't have any more, so I had made up my mind to come in and try to kick it. So I told Miss Bell, "Well, if I get some drugs I won't be back

tomorrow, because it was hard enough for me to make up my mind to come in here today. I'm in here now, and if I don't get help now, I won't come back." I didn't want to go through being sick. I wasn't going to be sick the next day, because if I got to feeling bad, I was going to cop. So I talked to the doctor, and I got some medicine the same day. When he found out how long I had been on drugs, I couldn't get on maintenance. I was on the eight-day extender and just got on maintenance about eleven months ago.

Dr. Johnson: They put you both on at the same time?

*: Well, they had put her on because she had gone into convulsions. She went through emergency. We had just come here from Florida, and her people didn't know she was on drugs, her mother or nobody. I wouldn't tell them, and she wouldn't tell them, so they took her to emergency. The doctor made all kinds of examinations for two or three hours, and he finally found out she was addicted. He asked her why she didn't tell him--it could have saved a lot of trouble. He saw the shape she was in and gave her some shots.

#: I was one of the first ever to cop to the facts--tell it like it is. Nobody would think of talking to a doctor, but it must be a little different now. I have been saying this for two years now, Dr. Johnson--these people don't want to cop to being a junkie.

Miss Bell: Do you think it is going to be hard for A____ to come for help?

#: Forget about A_____ now.

#: You know, I was dying before I would cop to it. I wasn't afraid of the doctor, and if my mother had not been in the room with me I would have told the doctor.

Miss Bell: Did she know you had used drugs?

#: No.

Dr. Johnson: She knows now?

#: Yes, she knows now. I was on methadone when I came up here, but I was still messing around with drugs. Then I really got sick--without any drugs or methadone. They told me that on methadone you had better stay off drugs, and this I didn't believe--but I found out.

#: You know, you really have to be motivated to want to stay off drugs. You've got to get out of yourself and get onto other people. I really believe that will help.

Dr. Johnson: I can see how my refusal to do what you want me to do could upset you.

#: I'm not asking you to do that--not in front of all these people. Like I said, I've put you up against the wall.

Dr. Johnson: I don't feel like it is.

(A lot of chatter)

Dr. Johnson: Well, we need to stop this group sometime and save some time for reaction from the audience. Would you like to stop now? I'd really like to stop now. Are you still mad with me?

#: Yes, I'm madder.

Dr. Johnson: We'll ask the audience if they want to ask questions of you, or Diane, or me, or if they want to react in some way. Why don't we just open ourselves up here? Would somebody moderate? I don't want to be the moderator.

Question and Answer Period

Question: Could you tell us something about how the program got funded?

Miss Bell: By the Hospital Authority and OEO, the Fulton-DeKalb Hospital Authorities and an OEO grant.

Question: Is everybody on the program required to have group therapy?

Miss Bell: No.

#: What? I thought we had to!

#: It used to be a threat--either you come to this or you don't get your methadone. It's not that way now.

Question: Is the methadone dosage at the blocking level?

Dr. Johnson: Yes.

(Question not clear.)

Dr. Johnson: There have been some blind studies done in California, in San Francisco and Los Angeles, showing that much smaller doses than blanket doses worked well for them. Maybe your work will confirm that.

Miss Bell (to the audience): Are you taking urine tests every week?

From audience: Three times a week.

Miss Bell: How many are coming back dirty? What percentage?

From audience: About 20 percent.

Question: Do you have a screening process?

Miss Bell: Right now it is how many patients we can see, and we can probably put on another fifteen hundred.

Question: Why do you accept some and not others?

Miss Bell: In the past it has always been required that they are actively addicted. There is no special psychiatric examination; there is no motivation. We just took the first fifty patients that came. We do have to go by the law--above eighteen years of age and over two years of addiction.

Dr. Johnson: We try to go by the recommended guidelines. At least two years of addiction with multiple attempts--unsuccessful attempts--at withdrawal so it is a last-ditch thing. This isn't something you do for fun. I think this is what this session has been about up here. I would like to explore some alternatives before putting A_____ on methadone. I tend to see it as a last-ditch thing, also.

Question: How long does one need to stay on methadone?

#: It all depends on the individual. I want to get off, but I'm scared.

*: Jean and I have both been off drugs for two years, and we are both scared to get off methadone.

*: I think the average person wants to get his life straightened out and then come down off methadone. It helps you to get your life straightened out so that you know that drugs are completely out of the picture. If you are not on blocking dosage, you know, back in your mind, that if you get disgusted with something, then you are going to get off; but with blocking doses you have a chance to straighten your life out more and then come down. I think that helps more than a withdrawal program where the physical aspect is the only thing it goes for. A younger kid who has been off for two or three months definitely doesn't need to be on maintenance.

Question: How does the group help?

Answer: You go down to the hospital four days a week, and you carry your medicine home three days a week. Some time in that week nearly all of us run into some sort of hassle. I think nearly all of us, some time in a week, will run into some sort of hassle. It might not be a major hassle, but if we can talk it out and get other people's opinions on it sometimes it helps. Usually in our group sessions we talk about what has happened in someone's life that week. Somebody might have had a big problem, might have had to go to court; and if we talk it out, get other opinions, it helps. I think that is the main thing.

#: Before I was on maintenance, there wasn't anybody for me to discuss my problems with. To be able to discuss them in the group helps.

*: After you fool around with drugs a while, all of your acquaintances are addicted. Right now, all of our acquaintances and friends are either addicted and have to do things every day to get their dope or they are on this program.

*: Once a week I get to lay my problems on somebody else and get to help somebody else--somebody that I am interested in--with his problems. I had no other interest except drugs when I first started. When you're on drugs, you spend all your time trying to get drugs. You've got to have something else to do, and the group is a wonderful thing.

*: It helps me a lot because I can talk to people who understand me. When we have groups, I am among addicts; we can understand each other. But when I am out there, they don't understand me; and I don't know how to understand them--because I'm always an addict; I'm always looked down on. Dr. Johnson is not an addict, but he has been in the program and he accepts us. He is one of us. But how many people accepted us like Miss Bell and Dr. Johnson when they found out we were addicts?

#: You have to be out in the public to feel this. Where I live, at the Renewal House, I come in contact everyday with the public, and I feel that they accept me for me.

*: I think drugs are more understood today than they were five years ago.

Question: I noticed that the group members referred to you as "doctor." Is there some purpose in calling you that rather than calling you by your first name?

#: I've been waiting to do that for a long time.

*: I would certainly feel free to do that myself, and I'm sure everybody feels that way.

Miss Bell: I think it comes with time. Sometimes, as you may have noticed, I am called Diane; and sometimes I'm Miss Bell. I've been here a year and a half, and Ray has been here only six to nine months.

*: They have some kind of requirement that they have to call us Mr. and Mrs. F_____.

Miss Bell: But we don't stick to it.

*: I don't know why; I certainly would feel free to, but I don't know why--just habit, I guess.

#: Dr. Johnson has made it clear that he is with us and has suggested that we call him Ray, not Dr. Johnson.

*: In fact, we had one whole group session on why we call him Dr. Johnson.

Question: Do you meet just once a week?

Dr. Johnson: Yes.

Question: Do you feel that that is enough?

Dr. Johnson: No.

#: We get only an hour then, and if we're fifteen minutes late that gives us only forty-five minutes. We have to clear out at ten, because he has his practice. There is no way that he can really give us any more of his time.

Miss Bell: Now you know some times you stay later than that.

#: I know, but what I'm talking about is the regular time.

Dr. Johnson: Some of the people here are in individual therapy also, in addition to being in the group. There are two groups here, and each group is half the size of this big one. There are a few people who are not here, who couldn't come, or who didn't want to come. But we do have indi-

vidual therapy in addition to the groups. Some of the individuals that we work with are not in a group at this point.

*: May I say something? You want to know why the group doesn't meet more than once a week. Well, the majority of us work and can't meet but once a week. I work seven days a week.

#: I would like to say that we meet in the group, and some of us have individual therapy; but in addition most of us go to the clinic every day and quite often sit around and rap for an hour or two. Sometimes when we feel really down, we might stay longer; and we know that there is somebody there that we can talk with, somebody who will understand. I think you might refer to the drug unit as a sort of community, and I think this helps a lot.

Question: Is there any attempt to socialize outside the group program?

Dr. Johnson: We had quite a Christmas party.

Miss Bell: All the champagne we could drink--and more.

Question: How long will it be before members are able to pull away from the group?

Dr. Johnson: We have a long way to go with the people in the group, individually and collectively. We haven't got to the point where we can see that much daylight yet. I haven't seen the need, except that we have a lot of people who are waiting in the wings.

Question: Do the females usually dominate the group like they did tonight?

*: Of course, the females do most of the talking.

Dr. Johnson: I wasn't aware of it.

#: I don't really feel that we think of each other as being male or female, black or white, or other things.

Dr. Johnson: I think that probably is one of the big problems, that you don't think of yourselves as being male or female. Have you heard enough responses here to tell us what was behind the question?

*: But we don't.

#: We don't.

#: I think we are more willing to open up. At least in our group we feel that way.

Dr. Johnson: You might be right about the female in the group being more willing to open up. I think this may be true on the stage. I know that there are a lot of people in this group who have opened up emotionally as well as verbally in the past couple of months--male as well as female. I agree with you about tonight, though. Maybe the women have been more expressive as far as emotions are concerned.

*: I think a woman usually shows more emotion anyway.

Dr. Johnson: Not because women have more emotions, though. They are willing to sit and rap more. A woman likes to sit and talk more than a man does.

Question: What is your thinking on a program like this where participation is non-voluntary? For example, if the judge were to take the people coming into jail and automatically refer the 'dirty' people to a program like this, what success do you think the program would have.

Dr. Johnson: I really don't know.

#: You've got to want to do it.

Dr. Johnson: I would like to hear some of your ideas about that.

From floor: I raised the question myself because it looked like A_____ is certainly going to have to show a lot of interest in the program before he will be admitted.

Dr. Johnson: Did you get that from my reaction?

From floor: Yes, that was the feeling I got.

Dr. Johnson: I was just thinking maybe we should go out and seduce him --you know, make a house call or something and tell him we would like him to come and be with us. Maybe that would be effective.

Question: I got the feeling that you might have been letting the group down by not getting more involved.

Dr. Johnson: Did all of you understand that? Did you have feelings that I was letting you down by not getting more involved with A_____?

(A lot of chatter.)

Dr. Johnson: Here I am. If A_____ wants help, let him come and ask for it. No, there is an alternative to that. We could reach out to him. Maybe there are some feelings that if I don't care any more about A_____ than I've shown I can't care more about them. I can see how that would be true.

Question: Did you _____ not say that you would leave the group if A_____ didn't get in?

#: Yes, but only if they don't put him in the same group with me; I don't want to leave the group.

(Comment from the floor not clear.)

#: His life is just as important as anybody's in this group.

(Question not clear.)

#: I want to stay with the group because these have been my friends for years--sentimental reasons, you know. Still, I can't do without the group for A_____. I could do without A_____ first.

Question: Dr. Johnson, I'd like to know how you felt about this session tonight. How do you feel about your role in tonight's session?

Dr. Johnson: I feel that I was kind of passive for the most part. I don't feel too uncomfortable about it. I feel that the session was productive.

Question: I picked up a lot of hostility toward you over A_____. Could it be that the group does not open up all the way because you control their methadone?

#: Yes, I did support A_____. We can really identify with him.

*: If anybody has anything to say about Ray or Diane they let them know. They don't hold back.

#: Like we said at first, there is no way we could project with all of you out there as we would in a normal session.

#: I had my back to the audience, and I still couldn't forget you were there.

Dr. Johnson: Do you have some suggestions about how we could handle what you thought you observed?

From audience: You said that you felt you were trapped.

Dr. Johnson: I felt that there was a point where we got into the drug stuff. I had mixed feelings about this thing with A_____. This was something that was really important. I felt that it was something that was taking away from the here and now, but I felt that it was important that we work it out with her.

From floor: But it was not accomplished.

Dr. Johnson: No, I know it wasn't, but we made a stab at it. We identified that there is something that needs to be accomplished.

(Question not clear.)

Dr. Johnson: I don't know. It is hard for me to be objective enough to say how vulnerable I made myself. I think someone else would have to judge that. My ideal is to make myself very vulnerable and very open. Whether I do it or not would be for someone else to judge. I try to.

(Comment from one of the # not clear. Applause.)

Question: How much more understanding do you have of yourself as a result of the program?

#: I really feel that I'm at a better point in my life than I have ever been. I think this is due to the fact that I am in the program here. I have had to face responsibility and be consistent and be very honest--as honest as a person can be, I guess. It is a therapeutic program, and I have really become involved with other people. I feel that I have come a long way.

Dr. Johnson: That was a hard question.

#: You have to get involved with something.

#: What was the question?

Dr. Johnson: How much understanding do you think you have of yourself? Is that what you asked?

Question: How much more understanding of yourself do you have as a result of being in the program?

*: I always had a pretty good idea of who, what, and where I was. And I still know who, what, and where I am.

*: I don't think anybody in the program would say that the program hasn't helped him.

*: I know now how I can function under methadone; I didn't know that before.

#: I think it is very important for each person to know himself, and I think a lot of us really didn't. We still don't completely, but being on the program and knowing all of these people has helped all of us to learn a little bit more about ourselves.

*: As Dr. Johnson said a while back, this program isn't that mature. We haven't got that far yet. I don't think we would need the program that much if everybody knew where they were.

*: I would be willing to say that at least half of us would be in jail right now if we weren't on this program--or dead, one of the two.

Question: Do you feel free with other people? Do they know that you are on methadone?

*: Yes, I am freer with some, the people that I work for or some of the people that I have to relate to on the outside. But you have to conceal part of your life. You conceal the fact that you have to go get methadone; you don't tell them that you go to group therapy. You have to watch what you say in front of other people.

*: I live with the constant threat of discovery. I have been fired a number of times. Until I joined this group, I didn't know anybody that I could really relax with. You see, I go down once a week, and I take my medicine once a day; but nobody knows I'm doing this.

Question: Wouldn't it help to use more physical expression--and maybe less verbal?

Dr. Johnson: I agree with you. As far as one physical expression of caring, I hope that as we go along this will develop in a natural way. It is not my style to say, "Be warm physically with each other; let's do this exercise." It's not something that right now I feel comfortable doing. I feel comfortable expressing myself physically, but I haven't really done this in these two groups. Sometimes I pat people on the shoulder; I hug people.

Comment from floor: I would like personally to thank all of you for coming and letting us share this experience.

Dr. Johnson: You are very warm, and I appreciate it very much personally.

(Comment from floor about the fact that the majority of outside society

would be willing to accept the group members as they are.)

#: I feel that I'm accepted.

Question: Were you afraid to get into this group?

*: I weighed 130 pounds, and it was either get into this or death. Now I weigh 230 pounds. That's what it has done for me.

#: I spoke about two years at schools, and I feel I was accepted by the young people there very much. They made me feel that I really reached each one of them, you know. I really feel that I did.

*: Well, in employment, when you go to get a job, that is a different thing. I have worked on several jobs, and as soon as people find out I'm a drug addict, something happens. People talk. Somebody on the job finds out. It doesn't have to be through the workers. Someone knows someone.

Question: Are there married couples in all groups?

*: Yes, but in one case they are in separate groups.

Question: Did one of you get on this program first, or did you arrive at a mutual decision?

#: He didn't want me to get on the program; but after I got on it and he saw I was serious about it and wasn't going to use drugs, then he wanted to get on it. At first, though, he tried to talk me out of it.

*: I thought she was wasting time. I was trying to use drugs . . .

#: I was on it three weeks before he got on it.

*: We got on it at the same time. And I can't express how much it has helped us!

Dr. Gazda: I think we shall have to stop now. I would personally like to express my thanks to the group and to Ray and Diane.

PSYCHODRAMATIC INTERVENTION WITH DRUG ADDICTS: RATIONALE, DEMONSTRATION, AND DISCUSSION

Dr. Richard Korn

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When Dr. Gazda was reading that list of my credits and activities, I suddenly had a vision of a similar scene taking place in heaven or hell. I saw some martyrs of Attica reading off the names of some of the inmates who were killed, reading a history of one who had tried for years to prove that he could change the system from within, who only lately has decided to join the ranks of the disinherited and disenchanted, but who is still chicken enough to wear a tie to this sort of gathering. So it really put me through some changes.

In a recent article I confessed that in the New Jersey State Prison we created a prototype for the adjustment centers that came to full fruition in San Quentin and Folsom. I am busy expiating their sins. A lot of them were permitted in that peculiar kind of feeling known as the ruthlessness of the pure of heart, of which there is nothing more ruthless, combined with innocence and ignorance that is almost an invincible arm of the reason of the damned. I have now begun, I hope, to drop all that and the holier-than-thou stuff, and the professional thing, because I have begun to grasp the notion that if you are part of the solution you are probably part of the problem. In a sense, I have made my living so far by profiteering in the war on poverty and ignorance. I am aware that the real criminals in most of our service institutions are the professionals that work there, not the clients. I assure you that I am in another place now--at least I hope I am, although I know that backsliding is in the realm of possibility.

We are fighting the ecology of the room, the layout of the room. There is a "he" up here and a "they" down there. None of the "theys" can really see each other. You are supposed to be looking at the backs of heads. This is a typical classroom; everything gives the same message: the authority is up here at the head of the class, and the young people who are supposed to be ignorant are looking only at him. You have to go through a ceremony of degradation to get attention, raising your hand like a child. We still do this in universities; we still make this statement. Instead of the big circle in which everybody can see each other, we are still talking the old part. We have to overcome that today, and we will invoke the spirit of psychodrama to do that.

The spirit of psychodrama is as old as scripture. It says, "Put yourself in the place of the person you are affecting; reverse roles." If you are a judge, do come and visit the prison. Some of the judges that we have been working with for six years come in full of a kind of fraudulent dignity; but after spending ten agonizing days realizing that they are in no way essentially different from the convicts they sentence, putting themselves as judges into a jail, going through that, they come out with a new vision of what society is all about. This is what psychodrama is. We usually take ten days to do this. We have two and one-half hours to do it today. It is very, very hard to do, but I hope we can do it.

Moreno, who is the author of this method and, if you listen to him, of anything else that happens, is a wonderful, mad man and a wild egotist and genius. If you have met him, you realize that he and Zerka and all of that gang of theirs have had to have the fanaticism, the insanity, that is required to confront the deadness of the establishment. Long ago he said that one of society's principal problems is the pervasiveness of the "we-they" syndrome. "We" are the good, healthy people; "they" are the sick people.

I asked for the participation of some ex-addicts here. It is wonderful to work with identified addicts or ex-addicts, because, when I do, I can ignore the fact that I am an addict using a drug far more deadly than pot, a drug in some ways more dangerous than heroin--nicotine. I am a nicotine addict. How many nicotine addicts do we have here? How many people know what withdrawal is after the second or third day? Do you think it would be possible to disseminate and have society act on the truth that nicotine is a deadly drug? We get very indignant about the poor hemp farmers and the Iranians who are making a living growing poppies. They're terrible, terrible people, aren't they? In one context they are. But what about our tobacco growers in the South? If the day comes when we can get rid of this, we will demonstrate where we stand and what we stand for.

Let's talk about "we-they." "We-they" is wonderful in many ways. We can talk about them, whoever they are--addicts, offenders, young people, hippie freaks. The radicals do it, too, though--talk about them pigs, as if there is no piece of pig in all of us. We talk about them, the bad people over there. The left does it, and the right does it. We all do it. Talking about them is wonderful, because it creates the illusion that the sickness is somewhere out there in those people. I have attended meetings like this all over the country in which I am kind of a court jester. I make my outrageous speech, get a lot of money, and run off. I insult they, and at the moment this audience is they to me. You see, we are not "you and I" yet. We are not doing that thing yet. We have to move from this we-they into an I-thou relationship--if we can accomplish it with this fantastic classroom ecology we have here.

We also say they when we discuss the professionals who want to do something about that. We the public talk about "treatment people" who are supposed to take care of drug addicts, alcoholics, and offenders. The public talks about them. However, whenever we professionals get hung up, we say, "What can we do without the public, without the legislature, without the judges?" So everybody is saying they have to do something.

They have to do something. I can get a little bit more personal and say, "Judge, you have to do something." The judge turns to the warden and says, "You have to do something." The warden turns to the people of the legislature and says, "You." Everybody in this oppressive supersystem of systems is looking to somebody else. Every once in a while you think of the little old lady who refused to go to the back of the bus. She said, "It's my responsibility. Segregation is my responsibility, and I know it."

It is on that note that I would like to open our proceedings. We are talking about group methods and alcoholism and drug addiction. But the very way that we are organized and arranged here is seductive. This arrangement implies that the speaker is supposed to be a great specialist, that he is responsible for the program. Because of my impressive history of failures, I have earned the credentials after twenty years of schooling to get up and address you. You are too polite to mention that. You can sit there and say, "I am going to watch this clown put on his performance, but I have nothing to say and nothing to do at this point." And I can say, "Look at those deadheads sitting there." We can play that silly game if we want to.

I want to ask people to have the fantastic experience of standing up and taking part, though. I need about fifteen people on the stage to demonstrate responsibility simply by getting up and walking to the stage. I may sound like an evangelist, but that is what it is about, because it is a religious question, not a psychological question. It is completely a religious question. Will I take responsibility? Will I put myself in the place of other people? After twenty years of pseudoscience, pseudopsychology, pseudosociology, I am at that point. I want you in your seats to imagine how it would feel to get up. Where is the terror emphasized? I suggest to you that the terror is in this room--the terror of respectability, of image, of all that nonsense. I need actors from every part of the judicial system, every part of the criminal justice system. I need laymen. I need people who have been identified as drug addicts. I need people who want to deal with each other.

In psychodrama you never drag anybody up; that is against our principles, because it is coercive. You do invite people, though. I will ask for a show of hands. How many police officers do we have in the room? If you raise your hand, you will not be dragged up here. You will perhaps be invited. How many members of the judiciary? Prosecutors? Teachers? Psychiatrists? Psychologists? Do we have anybody doing any consultant work for any law enforcement or correctional institution? Anybody working more or less full-time on the payroll of a correctional facility? How many are doing some kind of treatment work within the community with adjudicated offenders? How many private citizens do we have in the room? Of course, you are the right people. It really doesn't matter who you are, if you can say, "Here I stand. I am going to do what I feel is right and say what I feel is right and let the chips fall where they may." Then you really are the right person, whoever you are. It would be funny, though, to try to get people to grapple with the limitations of the bag they are in. The police officer is in a terrible spot; he is everybody's target. He is the target of extremists all over the country; the good cops are getting shot down from within and without. I don't believe men are permanently good or bad. If I believed that, I wouldn't work with offenders. Everybody is precious, and everybody is salvageable by himself.

Let's get a couple of people to say, "I am going to take responsibility." Let's get them up here, get them lined up, and get into action. The little walk up to the stage changes your role from spectator to participant. Let's look at the ages of the people who are getting up, by the way. Let's hold up a little bit now and look around the room. I'm almost forty-eight, and right now I'm doubling for some of my older colleagues. I'm looking at the people who got up; and the more I look at them, the harder it is for me to get up. It's very hard for me to get up.

By the way, what I'm doing is illustrating the technique of the <u>double</u>. A double in psychodrama is a person who puts himself feelingly into the position of another person. He is not a spy; he is not somebody who is unmasking somebody. In bad psychodrama, a double stands behind somebody and tries to expose him. That's horrible. It is not going to happen here. But I know, if I were sitting here at, say, age fifty with all the things that have happened between young people and old people, it would be rough for me to get up. It would be rough for two reasons. I am going to ask anybody from my generation, right where he is sitting, to think out loud about the problem of walking to the front of the auditorium. Does anybody want to? See, the psychodrama is not only going to take place on the stage but also in the audience. Okay. I am a gentleman or lady over forty. What am I feeling?

Korn doubling: As Korn tries, either insiduously or sincerely (and I

haven't figured out what he is; I haven't figured out his game), to get me to go to the front of the room, and as I see that there is nobody on that stage that is my age, what am I feeling? Do we have a voice? What am I feeling?

Let's imagine then what it would feel like to get up from your seat and walk up to the front of the room. Who's got a feeling that he will share with us? Who's got a feeling about getting up and moving from the role of critic, spectator, and judge to the role of participant--that is to say, putting your own skin into the fire?

Response from floor: I wonder if I can communicate with them. I have been put down by people who look at me like--well, like all of you are looking.

Dr. Korn: Right now, they are a big <u>they</u>, aren't they?

From floor: Yes, you read my mind.

Dr. Korn: I am a magician. Would you step back here, Mel? You see this is part of the problem. Right now I am Mel; I am a double. I am looking at them, and I see a sea of faces. I haven't yet stepped up to one of them and said, "Hi, I'm Mel." How do I cross that bridge between <u>I</u> and <u>they</u>? What would I do about that?

Mel: I would touch. (Mel goes over to a man.) Who are you? Where are you?

Man: Do you mean where am I from?

Mel: No, I see from your name tag that you are from Atlanta. I mean, where are you in life?

Dr. Korn: All right, let me have a little soliloquy: "Am I a little turned off by this kind of question? Where am I in life?"

Man: Am I turned off by that question?

Dr. Korn: I had the feeling that you were a little turned off. Were you? Just be honest.

Man: Yeah, a little bit.

Dr. Korn (doubling): Can I tell Mel what I am feeling without being polite or diplomatic? Can I just deal with Mel directly and forget all these other people? Let me try to do that. When I say, "I," I am being <u>you</u>.

Man: Right now I am in a therapeutic environment. I was into drugs for a long time, and I am trying to get out now.

Mel: Is it as hard as giving up smoking?

Man: I never tried to quit smoking.

Mel: I gave up smoking many years ago, and it was kind of rough.

Dr. Korn: Can we continue this encounter a little bit? Just assume that the eyes of the world are not here and that you are just trying to meet each other. Feel free to ask any question; make any comment you want to about each other.

Mel: Does it make you kind of excessive some time when you are stoppind drugs? I'm real interested.

Man: It is hard to do, but I haven't been involved in two months.

Mel: You are over the worst part.

Man: Right. I haven't been on drugs for six months.

Mel: But when you first started to stop, was it rough?

Man: Yes, I was so used to doing it for such a long time.

Dr. Korn: I want to get some doubles from this group. Just freeze it where it is. I want anybody in this room to feel that he is a little more in Ted's skin or in Mel's skin, and let's continue this dialogue. You just get behind the person whose skin you're in. Try to say what you think he might be feeling but not saying. Okay? That's going to be our way to act this thing. It's not just Mel; it's Mel and all her memberships and all her

resources and all her hang-ups. It's Ted with all his, and we in the audience begin to identify. So let's continue this. Let's not leave them alone up here. Other folks feel like Ted, and other folks feel like Mel. We always say "I" because we are a part of the person for whom we are speaking. I'm a part of Mel right now, because I'm behind her. Ted, keep telling about your problems and hang-ups.

Ted: I think the main problem is not to stop using drugs until you decide what you are going to do. Once you get off drugs, it's the hardest thing to . . .

Mel: You know, I don't know. It's been so long since I had that kind of problem. I don't know if I could understand it now. It's hard for me to put myself in your shoes right now.

Ted: I realize that it is hard for you to get into contact with my feelings because I am younger than you; but coming off of drugs is something that I've got to feel within myself, you know. I was ready to do this; I was tired of the way I was living.

Dr. Korn: Does that mean in some way that you were tired of the people that you were living with? Is this where the problem of drug addiction is?

Ted: I think the problem is within yourself.

Dr. Korn: Does that mean you, too? Do you really feel that, or are you just saying that?

Ted: I think a lot of it is what is inside people.

Dr. Korn: What about the people you are standing here talking to?

Ted: There's a lack of understanding in a lot of areas.

Mel: But can I sometimes speak for what I hear others say?

Dr. Korn (facetiously): No, you can only speak if you get permission from me, and you have to have it in writing.

Mel: No, what I am asking: I haven't had this kind of problem, but some people said that when they tried to understand, then a wall came up, too. So I'm wondering if the wall isn't on both sides, not just "me the wall" but also "you the wall." Is some kind of wall between us? Who puts it up?

Ted: It's a lack of communication on both our parts. I feel, now that I'm off drugs, more confident dealing with everyday problems. I feel more like reaching out and understanding more on your part than you know, not holding on to my side.

Mel: Will you let me be free? Then we can touch and we can talk.

Dr. Korn (doubling): I feel that you want to understand whether it is addiction or anything else, but I don't feel that I know you well enough to trust you yet.

Mel: Well, you know, I trust immediately. I really do.

Dr. Korn: Let's test it. Okay, we have some wonderful phrases. Can we come out here? I want to encourage people. We are letting Mel carry a heck of a lot of weight. Now, Mel, you have a lot of friends in the room who are not yet standing with you; and it is going to get heavy in a minute. Now there is a wall--you honestly talked about a wall. I want you to imagine the wall extending between you and Ted. Imagine a real wall, a social wall, a psychological wall, possibly a racial wall. Mel says, "I want to reach out and touch you over that wall." Now let's begin to explore what walls there are, and let's not think of these folks just as ex-drug addicts. That's a tremendous cop-out. They are people like and unlike ourselves, because everybody is like and unlike us at the same time. So let's get a sense of a wall, and let's get other people up here feeling with the wall and what the boundaries are. Anybody here is entitled to get behind anybody.

Mel: Well, if we are going to touch--if the wall is high, I can't

reach you. I have a picture of the wall as being high, you see.

Dr. Korn: What is the wall? Rather, what are the walls? There is more than one wall. Let's get the sense of the wall. Let different people look at the wall that separates them now and try to talk about the wall.

Woman: I want to get somewhere, but I am afraid; you challenge my belief. I want to be free, and I just am not able to do that. I feel that you are free. You look at me, and you say you feel just like me and I feel just like you. I've got you in a category right now.

Dr. Korn: That's very honest. Doubling: Your appearance frightens me. More than that, I put myself in your eyes, looking at me. What do I see here through their eyes looking at me?

Woman: A very straight person, someone who is rigid, not able to let down and be free.

Dr. Korn: Jane, would you come up here? Would you two come up here now? Would you come too, sir? What we are doing is moving up to the spectator sphere. I want to point out that I met these people for the first time just like you did. There is nothing in this program that is created ad hoc. All right now, Jane, I want you for the moment to be Calvin. You are Calvin; you are in Calvin's skin. Jane is over here now. Can you try that? You (Jane) are looking at Jane out of Calvin's skin. You are a young, black male now, and you are looking at Jane. Let's look at Jane. Be in Calvin's skin, and, as Calvin, tell us what you see as you look at Jane and talk to Jane. What happens?

Woman: Can I put myself in this man's skin?

Dr. Korn: Now here is another Jane in Calvin's skin. Can you look at Jane through Calvin's skin and see and tell us what you experience when you look at Jane? Tell us about the walls you see between you. Right now, we have a role reversal. You two are Jane, but you are no longer Jane. You are putting yourself in the skin of Calvin. It's like there is a mirror. Do you see this mirror?

Man (a Jane in Calvin's skin): Do you want me to say what I think he feels when he sees her?

Dr. Korn: I want you to feel how he would see her. Look now in the mirror and see Jane.

Man: She can't get in touch with the way I feel. She would be a "her" to them.

Woman (a Jane in Calvin's skin): I would say, "You don't know anything about me. You're white; you're female. You don't know where I am; you haven't been there. I feel tremendous hostility. I could hate you, but I don't know you, so maybe I will give you some consideration."

Dr. Korn: Now I want you to be Jane. You are a white girl, fairly straight, and Calvin just said to you, "If I touched you, you would fall over, Jane." Can you feel yourself as Jane? Calvin, tell her again how you see her.

Woman (a Jane in Calvin's skin): "I hate you. You are probably the cause for everything that might lead to my having to use drugs and feeling the way I am."

Dr. Korn: Now we want to freeze that. This may or may not be how Calvin feels, so we are going to give Calvin a chance to just be himself and speak for himself. You heard that Calvin over there. Is this for real? Is this what you are feeling inside?

Calvin: Being honest, part of it is.

Dr. Korn: Repeat the part that is true--your feelings.

Calvin: Being black, that puts up a wall. I feel that is the first thing that should come down. I feel that you don't trust me, and I don't

trust you. I would put some trust in you, but not a whole lot--maybe more after being with you for a while and learning your attitudes, your actions on certain things, learning of you as a person on the whole.

Dr. Korn (doubling): This is Jane. Would you run from me, Calvin, if I tried to touch you, approach you? Would you run from me? Be honest.

Calvin: No, I wouldn't run from you. In another sense, though, I wouldn't run to you.

Dr. Korn: Would you run from Calvin, Jane?

Man (a Jane): Yes.

Dr. Korn: Would you run from Calvin, Jane?

Woman (a Jane): No.

Calvin: I wouldn't run to you until getting to know you better. Maybe we could really begin to get to know each other, get to understand each other.

Dr. Korn: We have the very tentative, very anxious beginnings of two people, two prototypes, two symbols, two real people, saying something. This part of Jane says, "I wouldn't run from you; I would touch you." This other part of Jane says, "I would run away; I would not approach you." Now let's get the two parts of Jane and let the rest fall back. Here are the two parts of Jane. This part of Jane expresses the negative, and this other part of Jane is reaching out.

Dr. Korn: I want you to talk or whatever comes naturally. Let's say this meeting is taking place--where? Where do you work, Jane? This is a mental health institute. Right? Are you only going to see him there? Dr. Korn (doubling for Jane): "I'm willing for you to come to my office, and I will try to reach you and you can try to reach me." Didn't you say that? Is that what you feel?

Woman (a Jane): I feel I would approach you first, Calvin. I would not ask you to come to my office.

Calvin: I don't understand that. First of all, how would you approach me first? You wouldn't ask me to come to your office? You might not know I was outside your office.

Dr. Korn (doubling): Where will I find Calvin? Calvin is outside somewhere in the world, and I know he wants to see me or I know I want to see him. What do I do? I said I am willing to go outside of my office and approach him somewhere else. Where do you hang out, Calvin?

Calvin: Right now I am on the staff at _____.

Dr. Korn: You have an office, too. Do you have a home? Where is your home?

Calvin: In East Lake in Atlanta.

Dr. Korn (doubling): Am I saying that I am going to reach out to Calvin's neighborhood? Now let's be real honest, because we have our negativity over here. Am I going to go over and meet him in his neighborhood, or am I going to have him come to my office.

Woman: I wouldn't ask him to come to my office if I could go somewhere and reach him, but I feel I can't reach him.

Dr. Korn: Talk to him.

Woman: I feel I can't reach you. What I would want to do is come to where you are, and that, to me, is on a street corner or down at a pool hall or something like that.

Dr. Korn: All right, at a pool hall. Now we just have these two people. You others fade back. Now, Calvin, did you ever play pool? Now let's get realistic. We want to get away from symbols; we want to get very concrete. You are in a pool hall. Do you play pool pretty well? Who else is in the pool hall with you? Get yourself in the pool hall.

Calvin: The regular gang.

Dr. Korn: Any white people there?

Calvin: It's according to what pool hall.

Dr. Korn: All right, we need a couple of black people in a pool hall. Can we have a couple of black people up here? Now we want to make this concrete, because the test is accurate. We want to explore, and nobody wants to look good or bad. What we are doing here is not meant to put anybody on the spot. We want to see what it's like, tell it like it is. We'll get into the white-white thing, the black-black thing, even the white-black thing; but let's hang with where we are now.

Dr. Korn (doubling for Jane): All right, here is the pool hall, with people moving around. Let me reconsider. Am I about to walk into this pool hall. What neighborhood is this in? Kirkwood. Am I really about to do this now? If I am, let me do it. Am I going to do that?

Woman: I am not ready to do that.

Dr. Korn: Okay, come on up. We have another part of you. Jane, this part of you is thinking about going to visit Calvin in the pool hall. What is this part of Jane thinking?

Woman: We'll never make it. Forget it.

Another Jane: I agree.

Another: I'm willing to try.

Dr. Korn: You are willing to try. Stop me if you want. You deal with her.

A Jane: You've got to be what you are. You can't change.

Another: I'm not trying to change anything. They are not going to accept me. They are going to categorize me immediately and see me as a sexual object. I'm just not going to be heard.

Another: I'm not going to try to say, "Hear me." I'm just going to go there.

Dr. Korn: Hold it! Dr. Korn (doubling): I'm going to see you as a sexual object? Does a white dude ever see you as a sexual object?

A Jane: Yes. I feel a similar conflict when I go into a white all-male scene. My feeling is that I'm being exploited.

Dr. Korn: Now we have three parts of Jane here. I want them to react to each other.

A Jane: I feel exploited. I feel the exploitation will come if I let it. I feel threatened, because I don't feel accepted by them. That barrier --I can't decide what it is. I see black skin, and I see white skin; that's the thing that comes to my mind. But there's no hassle about the sexual thing. They don't bother you unless you want to be bothered, and I'm not afraid of them.

Dr. Korn: All right, this Jane can walk in and these other Janes can watch. And you guys act natural. And you be a lady. A black kid is in the pool hall, and this white kid walks in. Do it as naturally as you can. If anybody feels that they are not natural, you double as naturally as you can. Anybody can double. She feels she wants to meet you, because she knows you are interested in drugs; and she is interested in drugs. Some of these cats that are in here are into drugs or what-have-you. Jane, you just walk in, do whatever you feel is real. If you change your mind, then walk out. The effort here is to overcome this problem of the stage. Look at this man, see the pool hall, see and feel everything silently. You people in the audience do the same thing. Everybody should be either in Jane's skin or in Calvin's skin, or both. Be in their skin right now. Let's see how effective we can get. Let's move.

Jane: I'm afraid; I'm suspicious; I don't know what to do; but I feel

this urgency, this need, to make this contact.

Dr. Korn (doubling): All right, I'm about to walk in. I don't know what is going to happen; I'm not going to plan it; I'm just going to walk in and see what happens. All right, you've walked in. Now just be yourself. And you be yourself. Okay?

Calvin to his friends as Jane enters: Be cool, be cool.

Jane: Hello. I want to meet you. My name is Jane.

Calvin: Why do you want to meet me? What did you come all the way down here for? Am I something special?

Jane: No, you aren't any more special than anyone else; but you are something I have . . .

Calvin: Are you a narcotics agent or something?

Jane: No.

Calvin: Watch out. She wants something. Don't trust her.

Jane: No, no, I want to . . .

Role player: She's one of those missionary chicks.

(Laughter)

Dr. Korn: Our minds are invaded by voices. There are voices in our heads. Did you notice? Calvin is seeing a missionary or God knows what. How do we deal with these voices that tell us who we are? You must deal with these voices. They called you a missionary, a prevaricator, a seductress. They didn't say that, but they called you all those words. You have to deal with that, Jane.

Jane: I'm not those things, as far as I know. I have a need in my life. I need to fulfill it. I want to know a black person.

Calvin: You are just trying to soothe your white conscience, baby.

Jane: I don't want to fool with you. Every time I meet a black face, it's a big problem. I'm trying to fulfill my selfish need, and that is the need to relate to another human being. I find it even harder to relate to blacks.

Calvin: We are talking about blacks, but I don't know where it is coming from.

Dr. Korn (doubling): I can see my brothers, my sister, what is coming from me? What do I, Calvin, see in this stage performance? I hear voices, too. Who am I, what am I? I have to decide that. What is coming from me, Calvin? What do I, Calvin, see on this stage before me? I can hear these words, too. I have to decide that right now. Cut off the voices. It is Calvin and her. What am I feeling--I, Calvin?

Calvin: First of all, I see a friendly face. You know how faces sometimes don't tell the truth. Second of all, I see a white. I do want to believe what you are saying, but if you only had some way of proving.

Jane: My being here is the only proof that I have.

Dr. Korn: Now you can speak, too. You are another part of Jane.

Another Jane: Can you feel my eyes without being suspicious. I feel you, by looking directly into your eyes. I feel without touching. I feel that you are trying.

Another Jane: Calvin, you are a pain. Why don't you come halfway? Why do I have to put out all the effort?

Another Calvin: Well, you came to me. You have something to prove; I don't.

Calvin: I never learned to trust. It will all come in time. You come all the way down here, and I feel that you, first of all, have got to fill your own personal need.

Jane: I don't deny that.

Calvin: You're honest--so far.

Dr. Korn: Okay. Let's freeze it now. Now there is a lot of feeling in the audience, and there is a lot of feeling on the stage. I want Jane's mother to be in the room. And I want Calvin's mother, too. Calvin's mother is in the room. Somebody can identify with this whole scene. Can you be Jane's father for a moment? What is your father's name? Jim? Jim, how old are you? Okay, you can see through walls, and Jane is coming home. Let's fade back. Now we will have the drama white on white. Jane, you just had this meeting, and your daddy heard about it. Okay? Now deal with him. And you deal with her, Dad. We have a lot of doubles up here to keep these folks straight. Let's get real honest.

Dad: Why in the world, why, why? I brought you up the best way I could, and you do this.

Jane: What did I do?

Dad: You don't understand, do you?

Jane: What did I do?

Another Dad: What are the neighbors going to think if you run around with niggers?

Dad: That's what I'm talking about. All my life I have given you all of this. You don't have any responsibility. I do all sorts of things for you. I stayed at a job I didn't like so that you could grow up in a nice neighborhood.

Jane: I don't see that that has anything to do with it. What do you mean? I can't make decisions for myself?

Another Dad: What about me? Do you want us to look bad? I understood when you took your job; I understood you were going to help people. I understood that, but this is different.

Dad: Going down to a pool hall, a black pool hall. You've got an office; you could have written him, or called him. You didn't take anybody with you. Heaven knows what happened down there.

Another Dad: What will the neighbors think? My God, a young white girl running around with all those buck niggers down there.

Jane: This is what I had to do; this is where it is at. I can't be me and be a circus. I have to come down and free myself of these stereotypes that they have in order to work with them.

Dad: You know, when you get a little older, you will understand these things. You are always talking about free and all that, but you don't understand what it is like.

Dr. Korn: Wait a minute. We are not doing justice to this side of the situation. We don't want to ham it up. We don't want to make Dad the typical stereotype of a bigot. This is your daughter. You are fifty years old, and this is your daughter. This is <u>your</u> daughter. Now you answer right now, out of yourself, Dad, and deal with it this way. It's easy to make the other side look bad. Answer. What am I feeling for real? Don't ham it up.

Another Jane: You're so busy worrying about what the neighbors think, what everybody else thinks. You don't really care what I am doing.

Dad: I care about you. I care about you very, very much; but I also care that you are going to go out and get involved in something that I can't control.

Another Dad: You cannot handle it, sweetheart. I have hang-ups about black people; I know that. But I'm afraid you can't handle it alone.

Jane: I can understand the concern that you have. You're afraid that I might get hurt. I would ask you to give me some credit for being a person and having an interest in other people and trying to find out about me and about them. This thing with black people is really big. It's really complex, and the only way . . .

Dad: All I know is that I love you and that you are doing something that I don't understand. My love for you has been destroyed.

Jane: If you loved me, you would trust me to do whatever I want to do.

Dad: If you loved me, you would trust my judgment.

Jane: You keep telling me that I'm being too unrealistic, but I've got to try it at least. Maybe I can't do what I want to do, and maybe I can't get it where I want it to be; but I've got to try.

Another Jane: Your way sure didn't work.

Dr. Korn (doubling): What am I feeling, Dad, as me, myself?

Another Dad: Have you tried more than one way?

Jane: I've tried working with the people, and that's where your confidences come out.

Dad: Where did you work with them?

Jane: With drug addicts.

Dad: Where?

Jane: At the _____. I thought up to then that I really had it, that if anybody could relate to a black person, I could. I found out that I couldn't, though. I didn't know what was going on; I couldn't even identify with the fact, and it seemed . . .

Dad: Why didn't you bring them home?

Jane: Wow!

Dad: Why didn't you go to their homes?

Another Jane: Maybe I'm not someone who can handle it, but I have to try.

Another Dad: You're concerned about all these other people, but what about me? What attempts do you make to try to relate to me. I love you, and it really hurts the hell out of me for you to go away and try to work with other people and leave me here alone.

Dr. Korn (doubling as Jane): Can I really bring him home, Dad? Can I go to his house and meet his folks? Are you for real about that, Dad?

Dad: No.

Dr. Korn: All right, will you open it up now? Now we are going to turn it over to the audience. We need Jane, and we need Calvin. And can we have that lady behind you. Will you just sort of stand here. In psychodrama the essence is overcoming images, overcoming stereotypes, getting where you are really at. I want people in the room now to try as hard as they can to put themselves personally into the situation, into the living situation. Now you are not trying to be Calvin; but if you are going to identify with Calvin, be young, be black, be an ex-junkie. If you are going to identify with Diane, be a black kid who has a long memory about relations between blacks and whites and has strong feelings about this whole thing. If you are Dad, be Dad. And if you are an agency head, be an agency head. We want to open it up. Here is a girl working in your agency. You have an office, a cool office with posters and everything; but now she wants to move out of the office. I understand Jane is feeling there is something a little bit crazy about asking folks from that world to step into a completely alien world when alienation is their problem. Daddy over here says, "You're going to get submerged in that world. I don't want to have a well-meaning, affectionate girl, full of love. I know what the traps are." So I am an agency head. Let's have a policy decision. Are we going to have our workers go into the neighborhoods and homes or not? If I'm Dad, what am I going to do about this? Answer as yourself in any of these situations. Identify who you are. We'll have these people--agency head, private citizen, neighbor. What are you feeling?

Man (as Dad): I tried to rear her in the right way. I had lost her,

but now I have her back; and this is something she wants to do, so I am going to let her go.

Dr. Korn (doubling): Are you going to go with her?

Man: I'm going to offer her all the help I can.

Dr. Korn: Okay. We want another father. Be real. This is your daughter.

Another man: If she is going, I am going with her and protect her.

Dr. Korn: Okay. How many heads of agencies do we have? All right, can we have the agency heads? This lady is working in your agency. Would you stand up as yourself and talk to Jane who is about to engage in street work. Somebody else would call it something else. It is your agency now.

Man (as agency head): I'm not going to let her stay in the office. I am going to insist that she go into the outer world.

Dr. Korn: All right, I want some of the people who are funding this agency. Does anybody have a negative opinion? For real. Let's not all look so good, so progressive. I'm suspicious as hell.

Man: Well, I know that you have a lot of decisions to make, but there are certain things in life, dear; and I'm not going to have single girls going around alone. You will have to have somebody from this agency with you, or you are not going--or you are off the job. That's the way it is. We talk to the legislature. We may need some money. If you get yourself in trouble out there, where are we going to be then? We're going to get our budgets and then we're going to . . .

Woman: Can I say something? I think this is pertinent. I do follow-up work in black neighborhoods and white neighborhoods. I go into the neighborhoods with ex-addicts; and it has worked very well. I don't go to pool halls by myself. I don't go to black neighborhoods by myself. I take a black addict with me. He knows the ropes; he knows the streets. I have learned a lot more there than I have in an office.

Man: That's fine. Go with somebody. Don't ever go by yourself.

Woman: If one white girl walked into an all-black pool hall, how would you (the black people in the pool hall) react?

Dr. Korn: To black members--react!

Black woman: I think I would ask my observer what she was doing there. I think I would have very little faith in her purpose for being there. I think I would just about have her stereotyped. I'd know something just by her being there. I don't think I would necessarily pick at her; perhaps the guys would. That would have a lot to do with the way she came off at first, though. She can just about make her own situation, with what she says and does herself.

Dr. Korn: Okay. We are getting very concrete about the pool hall. Let's broaden it a little bit. However, we are talking about walls--the walls of an office, the walls of attitude, the walls of neighborhoods. What else are we feeling? You agency guys sent her down there. How do you feel? Here's an agency guy who sent a girl out all by herself.

Agency man: In a sense I want her out for window dressing. But, damn it, if they want help, they had better come to us! It is more professional for them to come to us anyway.

Another man: This is our board of directors speaking. They want the program; they want me to make the contact. The directors are funding it, but they don't know a thing about it. You've made the first contact, Jane. There is a lot of flack. Your dad has already been in here; he said to make you quit.

Dad: I'm going to get your job, too, if you send my daughter down there.

Woman (a Jane): I don't feel this realistically.

Dr. Korn: What are your realistic fears?

Woman: I'm a mystery to me. I don't know what feelings I have.

Dr. Korn (doubling): Let's get into that. There are so many voices and so many feelings inside me. We are really talking about the deeper things underlying drug addiction. We're not hung up right now on symptoms; we're talking about alienations, poverty, the difference between classes, the male-female thing. All of that is in there somewhere just kind of bubbling, and then as a result of all of this multiple alienation, we have certain people shooting stuff into their veins. Now what do you want to do? Do you want to deal with the mystery, or do you want to deal with that easier part, the stuff about the shooting? What do you want to do?

(A woman speaks, but what she says is unclear.)

Dr. Korn: Could we work on that. This is very important. A very important actor has emerged. You are helping us now, because there are many, many more folks where you are at. Dr. Korn (doubling): I want to know what things in me I am afraid of, I move toward, I move away from. What am I wondering about as I look and feel "me" inside?

Woman: I think I am Jane's stereotype. I am very middle-class, and I have a lot of good feelings about wanting to help; but I think I have a lot of apathy. So I use words, but I would never go down to a pool hall and reach out--black or white.

Dr. Korn: Let's skip the pool hall. Let's say we're going to the neighborhood or getting humanly close. Let's not get tied up with that weird situation, a pool hall, which is likely to be unrealistic for a lot of reasons. Let's get beyond the pool hall hang-up.

Woman: I guess I want to help, but I first want to make sure that I have all the credentials that this world will look on favorably--like a degree.

Dr. Korn (doubling): All right, I have that; I have the degree. What else do I need besides the degree? What's the mystery? What is bubbling in me that I don't want to get in touch with, that I'm afraid of?

Man: You've got your Daddy's love and support.

Dr. Korn (doubling): I have that, but what about me?

Agency man: You've got your job here with us, and we are going to back you.

Dr. Korn (doubling): Am I being real right now?

Woman: I don't know.

Dr. Korn (doubling): How much of me is real to me? The fundamental question is: how much of me is into what I am doing? That's a real question, not just because I'm up here before the audience where it is a little harder to be real. But, when I'm alone with myself, how much of all of me is in whatever I'm doing? How much is in my work, how much is in my marriage? How much, in this society, am I permitted to be that universe that is me? What am I not allowed to do?

Woman: You're not allowed to be a white girl in a black pool hall.

Another woman: That's not true. Daddy said he was going to protect you; he will go with you to protect you. Daddy doesn't need to protect you. I worked for six months on Auburn Avenue without any trouble. I have been in pool halls; I've had a beer there; I've been in barbecue houses; I've been up and down the street. Nothing ever happened to me, except a drunk black stopped me one day. Then I was scared; I didn't know what was going to happen.

Jane: But I haven't done any of these things.

Woman: But the fear that Daddy is protecting you from it is not necessary.

Jane: What I am saying is: the reason that I can't be the white girl in the black pool hall is because you are standing there telling me that the things that I am saying are not real, that I'm not really feeling these things. The thing about being real, about being yourself, that's where this is at. I'm trying to find out more about me. This is a selfish motive. I want to know why I am like I am and why I can't be there.

Dr. Korn: Let's get away from the pool hall. Let's get into being close as people anywhere.

Man: I'd like to ask you a question. Do you feel like you can be a friend to a black man? Have you ever had a black for a friend?

Jane: Not a personal friend, but I have had a lot of encounters with them in my work. That's when I thought that I probably could relate to a black person better than most, but I found out that I can't get across. There is a barrier there. I can give them the methadone, and I can rap with them about dope; but they don't want any part of me; and I think I get almost to the point where I don't want any part of them.

Woman: You keep saying you talk to them as black people. Why don't you talk to them as people?

Jane: I want to, but I realize that there is something there that I can't overcome.

Man: Jane, can you say that you would like to play a game of pool with them? Would you really like that?

Jane: Sure.

Man: Do you think they would like to play with you?

Jane: Yeah, I think they would.

Woman: I still say, why don't you bring them home, eat with them?

Agency man: Jane, here at our agency, you are going to have to rid yourself of Dad or we can't go on.

Dr. Korn: Let's hear from Calvin.

Calvin: You say there is a barrier, but have you ever in reality come out and come across to me and told me about your office? We could both sit down and talk about it. Have you reached out in this direction?

Jane: A little bit, but I have had so much resistance. The response was so negative that I couldn't go any further.

Dr. Korn (doubling): My grandfather was lynched when he walked down the street with your grandmother.

Man: Don't put that guilt off on me; I'm not that way.

Another man: Now, Jane, would you date a black man? Would you go out with one?

Jane: I don't know. I have never had the opportunity.

Man: Would you, if you could, though? If I forced you, as your father . . .

Dr. Korn (as Jane): You've got me so defensive right now. Each one of you has a role for me, where I am supposed to come from, what I am supposed to do. What I really am trying to tell you is that I'm scared stiff because I really don't know where I am coming from. I'm trying to find out. I want to reach out; I want to find out where you are, where I am. But all of you just keep after me. I dig Jim and Frank, not white people. Now you are asking me if I dig a black person. That is a weird question.

Woman: I have heard you saying something about getting to know me. I have not heard you say anything about my getting to know you. You have that tendency to believe that that barrier is there mostly because of you. In the drug scene, there is no black and white; there is a definite problem that has to be solved. You've told several things that would just not exist if there were a drug culture thing, if you were a person from an agency giving

out methadone. You are very typical of the middle class life in suburbia; you want to get to know blacks for selfish reasons, mostly so you can tell their friends, "I know John Doe or Sally and Sue." This is the way you come off to me. I wouldn't want to know you.

Dr. Korn: We've established that, and now it is very easy for us to get hung up on the white-black thing, which is very real. We have only touched it; we really haven't scratched the surface. But we want to move on because this lady raised a very interesting question: who am I, and how much of me can be real? That's a fascinating question. That's what the junkie is doing. The junkie doesn't feel real without that kick in his veins. So his problem and her problem are suddenly identical. How many of us don't feel real unless we get together with that Schenley at the end of the day and get tied up with that football game? Then we are suddenly real. How many of us feel real walking around in the world? This is me. If I am 100 per cent--somewhere there is 100 per cent of Korn--how much of me is in my work? Ten per cent? How much is in my marriage? Thirty per cent? How much is in anything? Where am I? How much of me and all of me is in this room? How much of me don't I know about? That's what addiction is about. So now the problem is getting a little shared. Some people use alcohol, some people use the football game, some people use pro-Viet Nam, anti-Viet Nam. But where in ordinary life are we fully, passionately real? Are we walking around dead in our little offices, in our agencies? "Good morning, George, is the coffee ready? When is the coffee break? Those reports have to be out by . . ." Is that real? Is that life?

Question from the floor (a woman): How much of what we are doing is role playing?

Dr. Korn: Ninety, ninety-five per cent.

Woman: I work in a mental hospital. I find that I am afraid of myself . . .

Dr. Korn breaks in: And you wonder if you are as crazy as the patients.

Woman: Yes, I tried to understand these young kids on drugs . . .

Dr. Korn: . . . Huddling against the wall, huddling in the day room; and you huddle, too. Who did it? Who created this script? We are looking around, and we are still looking. Your question is beautiful, because, you see, you remind us that one can't be dragged into the script without consent. All of the social workers, psychiatrists, and sociologists talk about society and blame society. I attended those school classes; for three years I went through the charade of a social work school. Who wrote the script? I wrote the script of me. When do we begin to see that?

Comment from the floor (a man): All I have heard today is I and they.

Dr. Korn: And you want to hear a you?

Another man: On the other side of that I feel like the wall gets bigger.

Dr. Korn: Okay, what do you want to do about it?

Man: It has to be I and thou.

Dr. Korn: It has to be I and thou. All right, can you be Jane's daddy? Let's try it. Can you be Jane's mother? Now let's not stay hung up on the pool hall, because that was a gimmick. This is your wife; all of the young Janes are your composite daughter. Okay? There are a number of problems in the room, and there is a situation between you and your husband, you and your wife. Is life today as we live it real enough, exciting enough, or--and we are speaking now for all comfortably well off people--is this part of the problem? Jane, what about Mom and Dad as you look at them? Are they in touch with you?

Jane: The only contact they have with me is their love, and I don't trust that love because it is so negative. It says, "Watch out, be careful." It says that there are good things in life, those things that we (the parents)

tested and found out were real. There are also bad things in life, and I (the parent) know what they are. I have lived forty-five years, and I have been there. I love you, and therefore you should trust my judgment. You can test certain things yourself, but there is no sense in testing things as dramatic as going to a black pool hall.

Dad: Am I to believe that our love depends on your being what we want you to be? Is that what you are saying?

Jane: Yes, that's why I don't trust your love. It's too conditional. It depends on what I do.

Dr. Korn (doubling for dad): Can I look at my daughter, get out of the bag with her mother, and be a fellow human being with my daughter? What can I admit to my daughter about where I am? Can I face my real imaginary daughter right now, can I share the mystery and trouble that I have, can I share that with this girl?

Woman (Mother): I look at myself as a mother; and I tell myself often enough that I love her, but I don't know if I like her. I don't know if I understand her. I'm not always sure that I'm completely right, but I am so settled into what I have been doing for forty-five years.

Dr. Korn (doubling for mother): Now speak personally, as personally as you can. I look at my forty-five years. What questions do I ask about those years? I was once her age. I was once a baby. Here I am now. Where am I now?

Mother: Now I don't question as much. I accept a lot and I think I am basically interested in me--my lifestyle.

Dr. Korn (doubling for mother): Where is my lifestyle? Where did it go? This is a hard question. I ask these young people, reveal yourselves, tell me about yourselves, be real. Am I going to be reciprocal? Am I going to go to that other human being and say, "I too am probably lost; I lost something somewhere, not all of it, but some of it. I'm not going to make it worse than it is. But where have I gone? Where is my strength, my power, my enthusiasm? Where is it? Can I take it back from where it is? Where in my life is my vitality immobilized in this massive society, in my world? Who has my vitality? I give a lot of it to my kids. Where else does it go? How much of it does the bank own with those payments every week or month? Who owns me? My children. Who else? My image owns me." Will you be the image and tell me what to be? Come up and be her image.

Woman (speaking to society): You are not willing to admit that you have stifled yourself; you are part of organizations that say they're doing things, but don't take a stand, don't . . .

Dr. Korn: Don't admit that half of your life is paying lip service to a whole bunch of lies--social lies, psychological lies, political lies. Don't admit it!

Woman: I may be envious of my daugher because she is willing to take a chance. She is willing to take the chance, willing to put herself on the line, and I'm not.

Dr. Korn (doubling for woman): I copped out everywhere in many things, and I'm dead. My tone is dead, my voice is dead, my gestures are lifeless. I look at this living creature, and there is a fury in me--the same kind of fury that made my neighbors kill those people with long hair in Easy Rider. I killed them because they were free in love, free in sex, free in all of the things that I'm not free in; and I can't stand it. If I came close to admitting it, I would go crazy.

Woman: When I was growing up and my parents told me how to behave and what to believe, I bought it. I don't really like it since I have had time to think, but I am not happy that you are not buying what I have to say. I

know more than she does. I can't ask her to help me; she's my daughter. Can I look up to her? Oh, I hope so.

Jane: Mom, I don't have all the answers. I don't know if what I am doing is really right, but I feel that what you were doing is just not exactly what I would like to do. I don't know if I will be successful, but I am willing to try.

Dr. Korn (doubling for Jane): I want to feel; I want to be vibrant; I want to be alive.

Mother: Also it is hard to talk like this now, because growing up we didn't have this kind of relationship. It was always more authoritarian, not necessarily so much more discipline but the mere fact that I was up and you were down. All of a sudden you have grown up, and we are talking on a level that we have not often shared.

Man: Stop hating her and start loving her.

Mother: I don't hate her. She's a possession of mine.

Man: That's it! She's your possession, and that's why you hate her. She is different from you, and that's why you hate her.

Dr. Korn (doubling for mother): But she won't listen to me. I'm trying to say in words I can't quite get out. My problem is me. You're making me her mother. Damn it, I'm a me! I'm not just her mother.

Man (doubling for Jane): But, Mom, you are supposed to have all the answers. What am I going to do if you don't have all the answers?

Mother: I don't feel that I have all the answers. I just don't like your questions.

Man (to Korn): Can I be society and mention the fact that Mother has a social group that dictates what she does and a young daughter who is a rebel, who is objecting? Jane does certain things in her own subculture, and we get at the whole idea of the conflict--the generation gap. The mothers are supposed to do certain things, and the daughters who reject these ideas are still doing certain things. These are both stereotype groups.

Dr. Korn (to previous male speaker): Who are you in fact?

Man: I'm a teacher.

Dr. Korn: Come out. We have the school system here now. Remember that wonderful poem--"When I remember the hours that I spent in school, my teachers could have ridden with Jesse James for all the time they stole from me." Here's the teacher. Does anybody want to talk to the teacher?

Man (doubling as a student): Teacher, we just practice what you taught us. You taught us to be honest, you taught us to be free, and we just tried it.

Teacher: I think that Jane and I can identify more than you and she, because I teach more to her liking.

Man (a Dad): Teacher, I'm giving my daughter eight hours a day with you. You had better make sure that when she comes out of that class she is acceptable, or, as president of the PTA, I am going to make it hard for you.

Teacher: All right, I am going to get fired, because I feel that you can't teach kids anything. They must learn.

Dr. Korn (doubling for teacher): I put in ten hours a day at school. How much of me believes in what I'm doing right now? How much of what I am doing right now do I righteously believe, and how much would I change--a rough percentage?

Teacher: I would say 50 per cent, the per cent of me that is trying to create children.

Dr. Korn: All right, what about the other 50 per cent?

Teacher: The other 50 per cent is again the part of my parents who

brought me up.

Dr. Korn (doubling for teacher): There's my principal; there's my school board. I play a lot of games during the week that I don't believe in. What am I personally doing? Here are the kids coming to school. What have I to say about education and my responsibility? I am now responsible. Do I feel responsible?

Teacher: Yes, I feel responsible. While I was hired by the school board, as an honest individual I feel that I am obligated to see that Jane or Jim or Frank or whoever is in the classroom wants to learn.

Dr. Korn (doubling for teacher): They, they, they--I've just lost myself. Let's talk about me and the people I deal with, the people who are in power. Where am I with them?

Teacher: They are not going to like me because I am not a traditional person.

Dr. Korn (doubling as teacher): Why haven't I said my say to my school board, my principal?

Teacher: Well, I disagree that we just want to lead these kids one by one and throw them into college. I don't think all kids are oriented. I believe you must reevaluate your whole situation of testing the kids for what they want to become, let them know what they are qualified for at an earlier age, and try to lead them in that direction. But they must also have a choice. They may be adolescents, but the majority of them are still mature enough to make decisions on their own. Once they get into your society, they are going to have to make decisions.

Woman: Let them make mistakes. If they never make a choice, they'll never reach maturity.

Dad (to teacher): Who says you can take my daughter and make decisions for her? She is my daughter. You've got a lot of . . .

Teacher: She has to make the decisions. I can educate her and give her facts and theory, and anything else you want--moral ethics, economics, politics, anything--but she is going to have to be the one to decide what she wants.

Dr. Korn (doubling for teacher): Am I a living example of what I want to see? Let me look at myself critically now. Can I do that? Can I offer an example of self-criticism right now? What don't I like about what I am doing?

Man: Let me represent a part of this power structure in the school administration for a minute. As a principal of a school, I've got two roles to play. One of them is me, and the other one is what is expected of me by my superiors. The expected thing is probably one of the things that enters into creating the factors in Calvin's neighborhood that make it unsafe for a female to go there. Whenever I send a worker into your neighborhood, it is probably going to be a case worker, an attendance worker, or somebody who is there to get you in trouble. Or, if you are already in trouble, they are there to enforce this thing.

Dr. Korn (to man representing the power structure): I send the cops after you, baby, but how do I feel about that?

Man: I don't like that part of it because, as far as I am concerned, if you don't want to be in school, you ought not to have to be there. You ought to be given the opportunity to say, "I want to drop out now; let me drop out." Of course, you must also have the opportunity to get back in.

Teacher: The part of me that feels bad about it is the part of me that is a fraud. I don't know what I'm doing. I went to college, and I read the books that I was supposed to read; but I don't know a damn thing. Here I am, and I am supposed to teach your daughter and everyone else's daughter, but I

don't know what I'm doing. You want results from me, but I don't know anything.

Man: This part of me also runs into conflict when I myself go into the community. Because I have had to be the disciplinarian and because I have had to paddle you at school or suspend you from school, there is a fear of real physical danger and harm when I walk into your community or decide to visit your home to talk to your family. Why shouldn't you hate me? I've come there or have been represented there on other occasions by people who tend to put you in jail or get you back in school. Yet when I come personally, you are looking at me as what I have done to you. You may never even see me. There is a part of me that I can't carry with me to your community, because you already have another person in mind when I come to your door.

Dr. Korn: Can you help me (Calvin) to help myself?

Calvin: I think that he should come more often personally and not just come to take me off to jail. Sometimes I may be hard-headed, and if the police do have to come, it won't be to take me off to jail. It may be necessary for them to come to get me to bring me to you and not to take me to jail, and I think you should explain this to me when I come.

Man: Do you think I would even get the opportunity to explain this to you in this other case if I had been there before? If I had been in your house twice, once when I came after you, would I get the chance to help you this time?

Calvin: No.

Dr. Korn: All right, we are getting honest now. You are not going to let me in.

Man: All right, if you are not going to let me in when there is a chance that I can help you, maybe keep you out of trouble, is there ever a common ground where we can meet? If I can't get in this time, when will I have an opportunity to help you and possibly keep you out of trouble? Say that I have heard through some of your friends that you are home and that you have been on dope and have been tripping for several days, that that is the reason you have been out of school, I could either send my counselor there and have you picked up and taken to detention, or I could come and try to talk to you about some of the problems.

Woman: If you were going to help me by sending someone into my house to do some good things for me, I would run for my life. Are you really coming to help him or to arrest him?

Dr. Korn: That's a very important point. We can do things <u>to</u> you that make you an object; we can do things <u>for</u> you that make you a dependent; we can do things <u>with</u> you, trying them out together, that make you a brother. Will my system allow me to be the brother instead of the father, the copy, the dependency maker? Will my system let me do that?

Woman: I got real strong feelings along those lines about half an hour ago. Realizing that I am a social worker, I can identify with Jane. I could feel her scare going into the pool room. I could understand the black's apprehension. I could even understand my mother's concern. But I really got mad at the agency that says, "What about our budget if anything happens to you? What if you get pregnant? What about our insurance?" This is when I identified with the people we are supposed to help.

Dr. Korn: All right, folks, we're going to do some sharing now. There were, of course, a number of dramas going on. The most important dramas for some people were not going on up here on the stage; they were going on in the place where we live privately--that is, in our heads. One of our friends who helped us was able to pick up some of the privately shared comments about this session. We're doing several things at once. We're illustrating psycho-

drama; we're getting into a range of problems; but the session is for everybody, including the audience. Now we have a person who will impersonate or play the role of some people he heard in the audience. Will you do that now? Pretend that you are standing in the back of the room, and you are talking to somebody. Right? This person is right here. What are you saying to him?

Man: You know, George, as far as social work and some of our counseling professions have gone, this is way behind times. It just seems to me that not much is being accomplished in the field. I can't see where we are going.

Dr. Korn: What about this session and what happened to this lady here?

Man: Of course she withdrew after she had been brought up to play her role or to participate or to be utilized (as she put it) by Dr. Korn. After she had been utilized, she withdrew. Whether she willingly withdrew or withdrew with the consent of Dr. Korn, is to some extent academic. The potential for the communication being resolved between her and the individual with whom it had been set up was transferred to Jane. To some extent maybe some of the older people in the audience picked this up, consciously or unconsciously.

Dr. Korn: Do you see anything wrong with the older people in the audience?

Man: Yes.

Dr. Korn: I am curious. Here was a lady of your generation. You let her walk into this den of youth.

Man: She is not of my generation.

Dr. Korn: She is younger than you.

Man: Right.

Dr. Korn: I am talking about the forty and older crowd in this room. Can you be them? We are going to talk to them in just a moment. The gerontocracy. The people who run things and who just watch. Let's talk to you, sir. I feel you didn't care for this very much. Be as negative as you feel is right--an older "turned off" person.

Man: Well, I felt that Mel, as a person who made herself available, should have been given more consideration.

Dr. Korn: Where were you, sir, while this was happening?

Man: Actually, I was sitting out there trying to decide what sort of support I could give her.

Dr. Korn: What did you decide?

Man: I couldn't give her any, not really, because if I did give her some I would risk too much. She had already risked herself and been bombed out.

Dr. Korn: And you were a little bit afraid of that? Did anybody feel this with you? Yes? Can you continue this please?

Woman: I feel that I have become the cop-out kind. These kids say they want to understand, but who do they want to understand? They don't want to understand the people that know them and care for them, the people that live down the block somewhere.

Dr. Korn: How do you feel about that? Talk to them. Here's one right here, and there's another. Talk to her.

Woman: I want you to be what you are.

Dr. Korn: It's very easy to be hostile to <u>them</u>, but it's not easy to be hostile to <u>her</u>.

Woman: It's very difficult to talk in front of this many people and tell the way that I feel. I am very uptight about facing this many people.

Man: Let me say that I do feel there is some hostility here. The hostility that I feel as an older person should be expressed. If it were

available to me, I would tell the younger generation that they have to scoot over me. I do feel that some resolution has been made, maybe in terms of my feelings.

Woman: I don't feel that they scoot over. I feel that they don't understand. Because they don't understand me, they don't try to understand me. I find it difficult to believe that they could understand strangers when they can't understand the guy who lives down the street. If he doesn't start there, where does he start? If we don't start with the people who have given us love and nourishment and all the things that love means, how do we go to a stranger and speak to him?

Dr. Korn: Let's move it out now. There are folks in the room who are sitting on stuff, and we are speaking for them and partly for ourselves. We will begin to trust each other after our first good fight, as I said before. Let's see. Who is to have the fight here? Who has faith that we trust each other? We have had people here who are able to be verbal. We have some older folks who have not talked, who feel many things. I think I can speak for me and for a lot of the young people, if you'll just come out, fight with us, straight, open, not diplomatically. Let's have the fight. We'll get beyond the fight, but we can't get beyond it if we don't have it. Who in the room feels turned off, upset, angry, anything? Let's hear from someone who has not spoken. I see young people. I will certainly deal with them, but can we have any of the stereotyped group we have been talking about?

Man: How could they go down the street when they couldn't even deal with the love that they had in their own home? I found that I was incapable of loving two young daughters, and this could be part of the reason why young people have doubts.

Dr. Korn (doubling): How do I, as a gentleman or lady of fifty-five or sixty, sitting here with all of these talkers, feel?

Woman: I kept thinking all the way through that their problems are my fault.

Dr. Korn: Okay, kids, are you going to let her take all the responsibility for all of your hang-ups? Is she going to allow you to get away with that? Is it all her fault? "I raised them that way. I made them what they are." Is that true? Is that all true? Is that even partly true?

Woman: Partly true.

Dr. Korn: What is partly false?

Woman: I don't think any one person, or any one thing, can assume the responsibility.

Dr. Korn: As a young person, am I going to continue to blame Mama, Papa, and all the old people?

Woman: I don't blame them, but . . .

Man: Yes, you do blame us, lady. You do blame me. You punish me each day that you live, because of what I have made you be--indirectly.

Man: You are guilty; I am guilty.

Young woman: How do we go beyond this?

Dr. Korn (doubling): What do we do now today as we walk out of here? As we walk back into that phony world, what do we do?

Man: I hate you, but you've got to admit that you hate me.

Young woman: I don't hate you.

Man: You do.

Woman: Look, when you say that everything we have done, everything we have given you, is wrong, when you throw it back in our faces . . .

Young woman: But I don't.

Woman: You do, you do. You say that it is our fault.

Dr. Korn: I'm Norma. No matter what you say, I hear what I hear. I

think you hate me, and I'm going to hang on to that. Can I hate and love somebody at the same time? Can we live with that? Whom do we hate? We hate the people we love when they hurt us.

Young woman: We hate ourselves usually.

Woman: No, I do not; and this is the thing I react to.

Man: Yes, you are right. I do hate myself, but I hate myself because of the fact that you have put me in a position where I must hate myself.

Dr. Korn: Does anybody ever put anybody in a position where the "put" person isn't at least partly responsible for where he is? Could I put you in a position without forcing you down with a gun? Is the victim a collaborator? Yes or no? All right, so where do we start? Can I continue to blame you? A much more interesting question: what can each I in the room do now? What can I do if I go back to my world, a world which is three-quarters, two-fifths, nine-tenths phony, a world which is full of lies? What can I do in my world?

Man: Be myself.

Woman: But the point is: it is not completely phony. I don't accept it's being phony. I don't think they are phony either, but they are not calling it the way it is.

Young woman: Nobody is trying to blame you.

Man: It is not a question of right or wrong. There is no right or wrong involved. You are trying to make it that, because you want to blame me. You are not going to do that.

Woman: And you cannot accept the fact that I will not take your blame. Your blame is yours. You are to blame for what you made of your life.

Man: I am not right, but why does it have to be right and wrong? Why does it have to be a religious thing--a spiritual determination? I am not saying that I did a good job. I don't have to do a good or bad job; I simply do a job. I have no standard for conformity, but you are trying to set one up.

Dr. Korn: The fingers are still pointing that way. Do you notice? That is a wonderful cop-out. "I'd be great if you would stop getting on my kids. My problem is you." That's essentially what the folks are saying. Now, can we get a little bit closer to the I and say, "What can I do about myself and my world tomorrow?" Let's everybody in the room now picture himself in his living world, the living world of work, the living world of personal relations, realizing that only a fraction of himself (and maybe of others) is in what he is doing. What can I do tomorrow that is for real, that is not heroic, that is not for the purpose of impressing? What can I do? Can we have soliloquies from people who are there at that place--beyond "it's your fault, or it's their fault, it's their responsibility"? Can we get a few people to do that?

Man: I've been sitting here all morning trying to find the answer. I'm still young. But you older people are all screwed up. You don't have to answer. You're not right; I'm not right. You're not wrong; I'm not wrong. We're all in the same place, and we simply can't escape by saying, "You're blaming me and I'm going to blame you." What difference does it make?

Dr. Korn: What can I do tomorrow?

Man: I'm not phony, you're not phony, but yet we are all phony.

Woman: But you are the one who is saying there is blame.

Dr. Korn (to Norma): It's wonderful. All of your vitality is in this judging, and I wonder what would happen if you had to give it up. You know what is beautiful about your being here? Even without trying, you are looking bad, which is really beautiful. I'm serious, because there are many

people in the room who feel as you do but who didn't walk into this lion's mouth. You did, and I love your vitality; and I'm not upset that you are angry. So much of our vitality is locked up in anger. I know that your vitality is there. What can you do, Norma, in your world tomorrow? Let's hear what you can do with that anger and with that commitment. What can you do? What is your world like out there?

Norma: You've thrown me out.

Dr. Korn: I haven't thrown "you" out. Don't let go of the energy. What happens? What do I, Norma, want to say to Korn?

Norma: I would like to say that you misunderstand, because I don't think there is blame. I don't feel blame. I think the children are beautiful; I think young people are beautiful. It's wonderful that they have the psychology to see different sides. Everybody out here makes all kinds of mistakes that stop them from realizing their potential. I would not like to see my children do that. This is where I feel . . .

Dr. Korn: I would rather fight with you than agree with twenty half-hearted liberals! Right on!

Norma: This is what we get out of the new deal, this is what we get out of people, the so-called liberal side. They say everything we have done is wrong. Well, I don't think anybody can start out every day new. Something of the old is worthwhile, and something of the new is worthwhile; but if we constantly start from where we are on this particular morning, nobody ever gets anywhere. I think we are in the conflict that we are in today because we haven't been big enough to accept the good things out of the past. You build on the past. If we all start rediscovering the world, that's where we start and where we end. Why are you expecting blame? You are the one who is expecting blame; I'm not.

Dr. Korn: I didn't come up here to fight with you.

Norma: Well, then, tell me what you did come up for. I came up here because you called me up here.

Dr. Korn: That's right. I saw the anger and I saw that you had something that could get underneath that anger. That's what I felt. What could that be? What's underneath that anger? What do you think that is? You know what it is.

Young woman (concerning Norma): I think it is compassion. I don't know.

Dr. Korn: I think it is, too.

Young woman: I see my mother.

Dr. Korn: What are your feelings about your mother? Tell her.

Young woman: I see a woman who has tried very hard.

Dr. Korn (doubling): I see a lady in front of whom I can't feel quite comfortable when I cry. I wish you could help me to make it easier to let go. I just want to let go a little bit. That's what I want to do.

Norma: I don't know what to say to you to make it easier for you. This is what it's all about. I can't make it easier for you.

Girl: I don't want you to. I want you to feel what you expect of me, because I am a person just like you are. If I'm half your age, I can still feel the same things you feel, and I'm doing the same things that you do. The different sides that we stand on are the same.

Dr. Korn (to Norma doubling for young woman): You don't have to be so hard with you; you don't have to be so hard with me. Right now, you're hard, and there is a wall. It doesn't have to be there. Just look at me--don't look at the audience--and see me.

Norma: But I do see you, and I don't think it is wrong . . .

Young woman (Jane): No, words really don't do it. I have a very difficult time . . .

Dr. Korn (commenting as Norma and Jane tearfully embrace): That's better--all the words--all the words. That's where we are. The words are big spikes, big, big spikes that we stick each other with.

Man: I just had a thought, and I think it is pretty relative. I think we are talking about a whole area of distance. If we get close, then we have it ironed out; but if we . . . I don't think I can talk.

Dr. Korn: That's all right, because the real drama is without words. Something happened here. People were firing at each other with long distance concepts, and words, and the hungry heart underneath was dying. That's where we're at. The heart dies with all the words, rhetoric, concepts, and institutions. The heart dies, and we just have to walk right through and lay hands on it and touch people everywhere, beginning right where I am today, right where you are today.

Man: I still want to say this, though. I think the calamity is that when we talk of programs to help the masses, then we are talking about an "I-it." "It" is the people out there as a unit. Up close, when we talk about one person with whom we sit and hold or be close, then we have an "I-thou." We can only be with one person at a time; and, therefore, there are a lot of people out there we can't be with. I've gone through this. We can't be Jesus Christ. This is the dilemma that I am feeling--that you are only good with one person at a time, not good with a whole program for a lot of people.

Dr. Korn: That's a very interesting thing. In indicting I-it, I am being I-it in the process of--who do I want to touch right now in this room? You. I'm tired of trying to touch so many people. I'm exhausted. Is that what you are saying?

Man: Yes, I am saying that I have to limit myself. Otherwise, I become ineffective.

Dr. Korn: Do you need more personnel? Do they have to have degrees? Can we get off our professional monopoly and start putting people in touch with people?

Man: We need to.

Dr. Korn: Are you ready to say that to the professional associations credentials committees or whatever?

Man: They won't listen to me.

Dr. Korn (doubling): They won't listen to me. How loud can I shout?

Man: I can only tell you what I'm really feeling. I really feel . . .

Dr. Korn: Can I say it louder--HEY, YOU. Where's my image?

Man: Right here. You really have to think of putting a lot more people into positions, breaking down stereotypes of professional disciplines. There should be more lay-type training programs, more people who are . . .

Dr. Korn (to the speaker): What am I?

Man: I am a counseling psychologist.

Dr. Korn: Ah, ha. And I have to go to the APA and go to my own bureau and to my own outfit and say what? Here's my boss. What do I want to say to him? Just make believe that that's my boss.

Man: We have a lot of junk going on as far as who we allow to be close to people who are looking for different kinds of help.

Dr. Korn: He has just told me to get lost, go back to my job, make that report. Tell him he's wasting your time, Joe (the speaker).

Joe: We have regulations.

Man: Well, I really think we need to set up some kind of a board to take a look at the regulations, because the regulations just aren't doing it. We need to get more people out in the field. The credentials don't necessarily mean that they are good.

Dr. Korn (doubling): He's not hearing me. What do I do? He's telling me to go back to my desk, write a memorandum. He'll think about it, bring it up at the next meeting, a meeting which is going to take place in 1995. What do I do now?

Man: I'll have to make a personal decision about how much risk I want to take.

Dr. Korn (doubling): Make it now. What do I do? There are twenty people who could go on as paraprofessionals right now and do that "I-thou" thing, but he says they can't. What do I do?

Man: I suppose I could force myself to be heard. I really don't know what to do.

Dr. Korn: All right. That's honest. That's my bag. "I don't know what to do." I talk about the need for "I-thou," talk about all of these things that are real. I make the diagnosis; but I, the shrink, what can I do? I honestly say, "I don't know." Now let me get with the implications of that.

Man: In my office in a counseling center I do work that makes me feel that, as one person, I can live with myself. Half the time it's a job that requires so many hours to bring home money, but the other half of the time I feel that I really want to be with the people I'm with. I'm young. I just started in this business, and I really don't know where to move from here. I'm not in with the politics of the whole thing, and when I try to think of what I can do, I'm not sure what direction to take. I'm not sure that I have the guts at this point in my life to do anything if I did know.

Dr. Korn: Wait now. What can you do to help him instead of bombing him?

Another man: I'm scared; I don't know what to do. I take the same stand. I want to say, "Stop the board; forget him; forget his regulations; destroy that part of the system that destroys life." I just want to scream out.

Dr. Korn: Scream out what? Do it now.

Man: STOP!

Dr. Korn: Something better than that, say, "Do something else, or I will!" What can you do tomorrow?

Man: I can stop posturing; I can stop interviewing; I can stop coming off as liberal, radical, when I am really scared, conservative.

Dr. Korn: There is somebody in this room with access to fifty thousand, maybe a hundred thousand, maybe a half million, somebody everybody forgets about--the old honest conservative. When do we reach out to him and say, "Baby, the whole liberal cop-out is dead; let's get it together with the private field; let's do something; let's get beyond the function of it; let's build an alternative system, like rich people have; let's do it; give me a break; give our people a break; how does that grab you? Let's just stop beating those empty dead walls; let's go out and meet the people, the real people who have the vitality and the voices. Let's raise the bread; let's do it--outside the system. Some of it is inside; some of it is outside. How does that grab you?" That's what old Moses did. Egypt was getting too bureaucratic, so he just walked out and the Lord provided. How does that grab you?

Comment from floor: A bunch of bull! You are not going to have a bunch of long-haired freaks running my agency. We are going to run it by the book.

Dr. Korn: Okay, take your agency and shove it.

(The audience members engage in a repartee.)

Man: Is that the way you are? Is that the way you are?

From audience: Yes. (Repartee continues.)

Dr. Korn: Extremism in the pursuit of virtue is not bad. Who said that? But we have a very honest voice here. Are you going to let this guy alone?

Man: No, I don't have the time to get this cleared up with you. I'm not to say you're wrong. I'm not so sure that I'm right, and maybe we can do something together to open up the system and let people be people.

Dr. Korn: All right, gentlemen and ladies, you have been wonderful. We are just on the verge of having a great, productive fight, at the end of which, if we had five or six days, we would be brothers, because we rednecks know deep down that we are just as wrong as you guys. In fact we are so close together that the Mau Maus and the rednecks are practically in the same place.

BEHAVIOR MODIFICATION WITH ALCOHOLICS

Mr. Ken Swift
Program Director
and
Dr. Vitali Rozynko
Project Director and Principal Investigator

Operant Behavior Modification Program
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Dr. Rozynko: We have been involved in this program together for about two years. Ken started in 1966, and it slowly progressed until about 1970, when we got together and wrote a grant request which we were fortunate enough to get funded. For the last two and one-half years, we have been working together developing what we call a technology by which we can reliably modify the behavior of people. The very fact that we are now working with people who are named alcoholics is an accident. There happened to be a job vacancy at Mendocino State Hospital that Ken jumped into, and then there happened to be money in the pot at NIMH and we were lucky. We regard whatever we have developed here as applicable not only to alcoholics but also to everyone else. What we assume about people is that we all have learned to be whatever we are now--alcoholics have learned to be whatever they are now, drug addicts whatever they are now, and President Nixon whatever he is now. We have learned in ways that are lawful and in ways that are predictable. Therefore, if we are dissatisfied with some aspect of our behavior, we can also use or implement these same laws of behavior to change in some way that which we would like to change.

Our program is based on a learning model; it is based on the works of B. F. Skinner, Wolpe, Lazarus, and Azrin and Ayllon. We are taking things that they discovered and the technology that they developed and are expanding on it and developing it. We have also added some things of our own. Our program is fairly comprehensive. We try to alter the way the individual perceives the world, thinks about the world or, as we say, talks to himself and to other people around him about the world and about himself. We try to teach the individual how to relax. In the first place, he must know how to find out whether or not he is tense. Most of us sometimes, perhaps oftentimes, do not even know we are uptight; and certainly the people that come to us are so uptight that they do not even realize that they are. Therefore, they cannot detect the stimuli which make them uptight, because they are so high up that they cannot go any further. We have relaxation programs. We are now beginning to implement instrumentation and psychophysiological monitoring techniques so that we have means other than just our visual impression of the individual and our analysis of his own verbal report--some other means, some other measures--for finding out whether a person is tense or relaxed. We are eventually going into biofeedback, attempting to teach relaxation. We are also developing program texts which are aimed at teaching people to

*The Operant Behavior Modification Program is now located at the Menlo Park Division of the Veterans Administration Hospital in Palo Alto at 3801 Miranda Avenue, Palo Alto, California 94304.

implement operant techniques, the operant way of looking at the world in their daily lives.

Some of you are familiar with Holland and Skinner's book on the analysis of behavior. This is a very basic but complicated kind of book. We are in the middle of developing a similar kind of book which is directly applicable to everyday life. We are also involved in setting up training aimed at teaching people a variety of things. We are very molecular; we are not looking to establish better egos or whatever. What we are looking for is a technique that will enable us to teach people social skills which are beneficial for them in the long run, using Skinner's and other laws of behavior that have been established. We want to teach people to say "no," because sometimes not being able to say "no" in the right places causes great grief. For example, I have fallen for a number of book salesmen, as perhaps some of you have, and cursed the day that I said "yes" when it would have been better for me to have said "no." We also try to encourage people, teach people, give people the ability to say "I don't know," because most of us do not know why we behave or how we have come to behave the way we do. Unfortunately, that kind of response is punished in our world. For instance, when a student stands up in class and says, "I don't know," the class snickers and perhaps the teacher punishes him in some way. As a result, most people hesitate to express themselves. You probably observed, when Dr. Korn invited people to come and say what they felt about certain things, that it took a lot of guts to get up here. There was a notable lapse of time before somebody got up. We say that this is a function of the environment. This is a function of punishment. This is a function of all of our experiences, in school, as we grow up with our parents. So we try to teach people the simple ability to say "I don't know."

Mr. Swift: I am a lot less systematic than other people. When Dr. Gazda asked how long it might take--how long we might want--I told him that our program is "six months by default," in the sense that we can't keep people there longer in terms of hospital and grant requirements. What I am attempting to say is that what we are going to talk about here is about 180 degrees away from other approaches to social problems. We don't have any flashy techniques. In many other types of therapy, there are things that are immediately exciting. Ours is a radical approach to problems in general. However, at first it doesn't look as if we are doing much. After about six months, the world seems to have changed, though. For instance, I would like to say right off that we consider the problems of the alcoholics and addicts in a different light from that in which they are normally viewed. Other people would call their problem behavior abnormal, but we consider it "normal" behavior. Hence, in our program what we are attempting to modify is a person's <u>normal</u> behavior, at least the "highly likely" behavior. We believe that it is highly likely that people will learn to punish, to control their environment aversively, and that it is difficult to get a person to cop-out by saying, "I control my environment predominantly with punishment." If we say things like that, then people say, "Why don't we change? If I am the one who is punishing others, why don't I stop doing it?"

If somebody could stop doing it, he wouldn't be having the problem. What I am trying to say here is that it is going to take some time to somehow or other give you an appreciation of where we are. The techniques of behavior modification are fairly straightforward and simple, but the content behind ours is not so simple. "Vit" (Rozynko) and I just got back from a conference at the Center for the Study of Democratic Institutions, and there were representatives from many of the academic communities throughout the free world. Everybody there seemed to be scared to death of behavior modi-

fication, as if we were talking about a 1000-year Hitlerian Germany. Somehow or other this is what people respond to when they first hear the term "behavior modification."

Almost everybody has heard something about behavior modification, and it always seems to have the effect of shocking someone. If you tell a class of students about a technique for treating bed wetting, a technique in which you use a pad designed so that when urine makes contact it causes a bell to ring, if you ask students immediately after the class how the pad operates, they will say, "You have a device to shock the kid when he urinates." There has not been any mention of shock, but somehow or other behavior modification conjures up every kind of fear that we could possibly have. We get such questions as "Who is going to control the controller?" From our point of view, the problem is our normal language, the way we talk about problems. It obscures what is going on; it makes things appear to be different from what they are. In fact, in O.U.R. program at the hospital, one of our favorite signs is "Nothing is what it appears to be." So at first we were going to call our program Humanistic Behaviorism. We talked about it, and we thought that people would believe that they knew what it was--but what we are talking about is very different. Many times people have said that behavior modification is not interested in feelings. As a matter of fact, it is the other way around. We believe that we actually are interested in feelings, but words, like thinking, obscure the actual process. For three days, at that conference I mentioned (and if you'll notice it--right here), what most of us were in fact doing, most of the time, was talking. Yet our language denies that is what we are doing. We say that we are giving advice, making suggestions, conveying information. We say nearly anything but that what we are doing is talking.

Dr. Rozynko: I think we had a good example of behavior modification this morning when Dr. Korn, by what he said, controlled the behavior of a great many people. Following what he said, many, many people came up here. And what we are saying is that we may think that we are communicating, we may think that we are saying something, deciding something, but in actuality what we are doing is controlling one another. I don't mean controlling in the sense of hitting one another over the head necessarily. We often think of "control" as a bad word, for it has many, many surplus meanings. By "control" the implication may be that, somehow or other, people are forced to do something. This is not what we mean. Surely, we can force people to do something, but what we are talking about is something else entirely. We are saying that when a response is reinforced, the probability of that response occurring in the future increases; so that response is strengthened.

Mr. Swift: I wanted to get back to technique. Once you have specified the behavior that you would like to modify, the rest of this in a sense becomes relatively simple. We consider the problems, or the cause of the problems, of someone called an alcoholic or an addict to be behaviors that are not unique to that individual but that are shared with the total population. We are saying that the problem behaviors do not occur in a behavioral vacuum; they occur in, and as a consequence of, normal behavior. This morning we were talking about responsibility--accepting our responsibility. It's difficult, if you have been punished for doing something, to say that you are the one who is doing it. Hence, most of us tend to say almost anything except "I am doing it." We say, "I'm not touching you. What are you crying about? I haven't laid a hand on you yet"--as though the rest of what we are doing is not really effective and not really real. We normally talk about "talking" as if conversation were something like a verbal Gunga Din--a bucket carrier-- whereby the words allegedly carry the meaning but in themselves are nothing.

In truth, however, the words are nearly everything. Our language about our language denies this. We say, "What did we do last night? We didn't do anything but shoot the breeze." We may have somebody jumping off the bridge or hooking up the gas pipe without our knowing it. Yet we deny that what we say has any effect on people. We go to great lengths to modify what it is that people say. In a sense, school, starting at grade one and going right on through college, is a process of modifying what people say. So what do we normally say? We say it is the process of educating or broadening someone, but we don't say that what we are doing is changing what people say.

We are saying, in our program, that what you say is real. In many cases, if you look around your environment and if you control it primarily through punishment, that's the kind of world you will see. If you say a person does something wrong or is bad or that something is incorrect, that's the kind of world you see. In our program we systematically attempt--with a great deal of success lately--to change what people say. Our program, then, is basically non-punitive. We don't have any therapists as such. We have a program, and we reverse the role of the moderator or teacher in many situations. There may be twenty or thirty children in a class with one instructor. This may have been what Dr. Korn was talking about this morning--about people's sitting down and looking at things a certain way. Generally speaking, we teach a child not to talk out loud but to talk to himself. The person who gets the practice is the teacher--the one doing most of the talking. In our program, we reverse the role; we get people together in pairs.

The group processes that we are talking about, then, are primarily dyads. We are talking about two people's coming into interaction with each other in a non-punishing or less punishing way. We say that we live in a world where most of us are alienated from one another. To say it another way, we are normally afraid of one another. That is no accident; it is a direct function of the environments in which we have grown up. Systematically in school we punish any type of talking out loud unless it occurs under very, very strict conditions. Hence, most of us have a great deal of trouble talking with a group of more than three or four. Most people cannot approach other people. We feel alienated because we are alienated. When we punish a child for "two and two are five," we are punishing him not only for that but also for talking to another human being.

Dr. Rozynko: Most of the control that people exert on one another verbally is by punishment. We can say, "You didn't do it right; you've got your pants on wrong; that was an F you got." Very rarely do we control one another's behavior by reinforcement or by reward. Yes, we all control one another's behavior, but what we are doing for the most part is controlling it in a fashion that is bad for us in the long run and bad for the person that we're controlling. A better way would be to start responding and rewarding behavior that we like, rather than punishing behavior that we don't like. Most of our responses and our anger and our resentment against the word "control" is because of coercion; but just as easily, just as clearly, we are controlled by positive kinds of things. When I was courting my wife, who was my girl friend at that time, I called at her house quite regularly because I liked to go there. I never thought that I was controlled by her, but certainly (there is no question) I was controlled, just as much as I was controlled by a boss who told me he would fire me if I didn't show up for work on time. In each case my behavior was controlled, but it was controlled in two very different ways.

Mr. Swift: We seem to know little about the extent to which our spoken verbal behavior controls us. Again, going back to the model, we call certain people teachers and we call other people students, and we reinforce the

people whom we call students when they call themselves students. In fact, we punish them if they say something other than that. The same model holds true in the patient-doctor relationship, as though we are all somehow separate. Our language seems to be one of separateness. One of the things about the O.U.R. program is that it isn't my program or Vit's program. We are talking about ours; the operant reality is that we are in it together. The normal language implies that there are separate entities floating around. At the end of our program, however, we go so far as to remove what might be called the "I" or the "self." We say that the "I" and the "self" are directly related to the amount of punishment that you get and that when you are on a schedule of positive reinforcement there is no "you" looking over your shoulder to see how you are doing; you are just doing it. You're in it, and it flows. You don't talk to yourself if you are enjoying what you are doing. You're simply in it; you don't notice time or anything else.

Punishment is so complete that, in the case of control, we punish obvious forms of control. We punish older children for hurting (controlling) younger children. Then all of us are pushed into non-obvious or subtle verbal forms of control. Thus, we say to people, "All I said was this," and then we tell them what "this" is. In fact, we teach children to say, "Sticks and stones may break our bones, but words will never hurt us." What kind of insanity is that? Obviously, when we say to someone, "Get out of my life," we can see that he falls apart right in front of us. We can get people to do almost anything by just talking to them in certain ways. We can get people to climb a hill, go over the hill, get shot, dump gasoline and light a match--all as a function of what someone says and how we trained him to talk. Yet at the same time, we deny we are doing it. Our language functions much differently from what most of us suppose. Its primary function, we say, is its punishing and aversive control aspect. When we punish with words, it is not at all obvious. In fact most of the time we don't know that we are doing it. Most of us have been punished for blatantly punishing others. As a child we may have been punished for punishing our own younger brothers and sisters. In fact, we were talking about this earlier. The parent generally says, while swatting the child, "How many times have I told you not to hit someone smaller than you?" Actually, what is being taught in these cases is that might is right; there is simply an inconsistency between the word system and the kinds of behaviors that are being correlated with it. Eventually though--and eventually isn't all that long--we stop spanking the child and get into more sophisticated forms of punishment. We say that the child is now naughty or bad or that his face is dirty--things of that sort.

Dr. Rozynko: Certain things happen at that point, particularly when the child is learning his language, because we also teach him how to talk to himself. We say, "Johnny, you are bad." Perhaps we say this before the child has started to acquire speech. I think some of us, at least, have listened as a child approaches some object about which he has been punished and heard him say to himself, out loud, "Bad boy!" I have heard this from my own children, unfortunately. The child eventually starts to think that way. People begin to talk to themselves in the same way we talk to them. The way that we talk to people is also the way that we talk and think to ourselves. If we frequently criticize laziness, when we may be feeling tired or, for whatever reason, not feeling like working, we are likely to criticize ourselves for being lazy. When we do this, we are hitting ourselves over the heads. Similarly, if we have a problem with drinking, we may say, "I'm just an alcoholic." Or we say, "I'm just a drug addict." If other people criticize us, we can always leave; but when we start criticizing ourselves, it is very difficult to drop the critic (self) and go someplace else.

Mr. Swift: As a matter of fact, we leave by way of the drugs. The thing is 180 degrees out of phase. It is normally called turning on. Actually, from our point of view, it is turning off. It is turning all of that crap and criticism off. It is not in any sense dropping out of the culture; it is turning the aversive aspects of the culture off, moving away from them. Any organism that doesn't do that doesn't live. But somehow or other we call it bad. If you didn't take your hand out of a fire, you wouldn't be around later to do other things. What I was trying to say earlier about normal behavior is that there are apparently two effects of behavior--the short-term and the long-term effects. Right now the problems that seem to be confronting mankind are the long-term effects of normal behaviors that have had immediate survival value. Most of us, if we read in the paper about a parent who has beaten his child, say that no punishment is too harsh for a person who does something like that. If we hit a child every time we say he is bad or wrong, we will soon see black and blue marks. In that sense, we can see psychological black and blue marks in the alcoholism which occurs by the time someone is thirty-six years old. We seem to feel that if we don't connect what has happened earlier with the alcoholism, then what happened was okay. What I'm saying is that most of us have been taught to control our environment with punishment and aversive control. We do it in such a way (mostly verbal) that we often don't even know that we are doing it. We call it anything else (advice, information, suggestion, saying it like it is, therapy, education, etc.).

Dr. Rozynko: The use of punishment has many effects, and the reason, of course, that it is used so frequently is the effect of reinforcement. There is no question about it; it is immediately reinforcing. If you yell at your child or if you yell at your employee, there is no question that the behavior about which you are yelling is going to cease. As another example, when a child first speaks and his mother hears him, the world around him changes. He says "Mama," mother and daddy rush in, and the world changes. In this way the child learns to speak; he gets reinforced. When you punish, you get immediate results; the world changes. The unfortunate part of punishment is that in the long run it has many, many side effects which are terribly damaging. For one, the punisher gets reinforced, so he is likely to punish again. The punished person avoids, runs away, and that is not particularly good for him, either. It may result in what we call "anxiety." It may result in all kinds of side effects. Another unfortunate result is that people avoid one who punishes. If, every time some person comes up to you happy you "put him down," the result for you, the punisher, is that, as a long-term effect, you are not likely to have many friends. If you do have friends, you are not likely to hold them for very long. There are all kinds of long-term side effects for punishment, and we must look at alcoholism and the people we call alcoholics or drug addicts as casualties of our social system of punishment.

Mr. Swift: By the way, we are going to be redundant. I'm going to say over and over again that the cause of problem behavior is part of normal behavior. The interesting thing here is that you probably will not be able to hear this unless you yourself say it. This is what we have discovered in our program. You can read things, but belief is not in what you read but in what you say, what you say out loud and what you say to yourself. One of the first things we do in a hospital, where the people there call themselves patients, is to say, "You are not a patient; people call you a patient." They say, "I'm an alcoholic." And I say, "Who says so? What are you talking about? If you don't like your behavior with booze, who says you're an alcoholic?" We systematically change a person's outlook. We say, "You mean you

don't like drinking under certain circumstances. Have you always not liked it? Is it every circumstance that you don't like? How can you tell the difference between an alcoholic and a non-alcoholic?" If the person attempts to list the defining characteristics--unless you are talking about withdrawal symptoms or something of that sort--the chances are that you are not going to be able to tell the difference between that person and many other people in our society.

Let me go into something that Descartes was alleged to have said. He was supposed to have said, "I think, therefore I am." We say that he said, "I think." Therefore he said, "I am." You can get a lot of mileage out of something like that. You can say, "I say alcoholic; therefore alcoholism is." You can say, "I say evil act; therefore evilness is." You can go on and on and on; you can create things simply as a function of noises.

Dr. Rozynko: The ramifications of this are severe. If there is evil in all of us, there is very little to do but wrench it out or punish it. If there is alcoholism inside of all of us, we may look for a germ or an enzyme or a disease or some kind of a process. Verbal behavior controls our reality. We had to talk about gravity in certain ways--a la Newton who manipulated verbal systems pertaining to gravity--before we were able to shoot people up to the moon. Our concept of gravity is a verbal system, and our entire life has changed because of one person's ability to manipulate verbal systems in a certain way. This is what we are saying: the way that we talk about ourselves and about other people pervasively affects our behavior toward one another.

Mr. Swift: If you are interested in what we are saying, if you want to get the maximum benefit from it, you can't simply listen to what we are saying; you have to say it. The effect of that is profound. Our program now has reached a stage where I think the most derogatory criticism you could make is that we are successful at brainwashing. We <u>are</u> successful at brainwashing, but that is not bad. A person may start off looking at the world and seeing a world that is terrible, rotten, perverted, devious, people who are no good, never going to be any good, and go from that kind of a world into one where he sees good things in people. He sees things that he likes, finds different parts of his universe completely different. I have never found words which can adequately describe these changes; they are real, but words cannot be substituted for them. In other words, I'm saying that over a period of time, using fairly simple techniques, one can change what a person perceives, what he is conscious of, what he responds to in the environment. Albert Ellis once said that he had a client who said something about having a mole underneath her arm. She went on to say she could never get married, being blemished like that. How does it happen that one person sees one aspect of life in one particular way? That is a function of our verbal system. When everybody else is pointing at what you've got right there, it unfortunately is not a joke. People do talk, and they do respond to what they say. Often they respond more to the words than to the rest of the world. I respond to my words for the same reason that I respond to yours; if I affect you by what I say, I can also affect me by what I say.

As Vit mentioned, probably what is worse than my punishing someone is my being reinforced for punishing him, because this reinforcement teaches me to punish others more and more. Then when I behave just like the person whom I have been punishing, I will punish myself. In that sense, to the extent that I can hate others, I can hate myself; and I can have all of it, my punishment and hatred, come back to me. It is not necessarily true that it is human to err, but it is human to punish. Punishment is directly related to survival. Organisms that do not automatically move away from aversive or

deleterious stimuli do not live. If you have two organisms and one finds that it can control the other, it is most likely to exercise that control through some sort of punishment. The old story says that to get the donkey's attention, you hit him with a two-by-four. We now have verbal two-by-fours all over the place, and as we go through college we get more and more of them. In a sense, the more schooling we have, the more sophisticated and deceptive is our punishment. We then have longer words with which to punish someone. We can talk about their not being motivated instead of simply saying they are lazy. We can get into all types of theories.

Dr. Rozynko: Or we can criticize others in a sophisticated manner, like "What you said is a non sequitur or obviously that was an ad hominum argument" and so forth and so on.

Mr. Swift: But it is still punishment; it comes through the same way. Generally, when you get hit with a fist you know who hit you. In polite company we don't bring out the brass knuckles, but we can hit with tones, with silences. How many of us here can do it with the breathing? We have it down cold, and we have it down so well that we don't know that we are doing it. We are not bad for doing it; we are doing it because we are human. I was saying that it is directly related to our surviving. Those organisms that don't terminate aversive stimuli don't survive. I'm talking about moving away from aversive stimuli. But we have been punished for blatant forms of control, so we have now moved over; or, in our terminology, the topography has drifted, so that we are now very sophisticated. We are so sophisticated that we rarely know we are punishing each other. We are probably aware of it no more than five per cent of the time. For instance, a man who might like to lose weight, when asked why he would like to lose it, can come up with very, very logical reasons--"Being overweight is not good for my heart," etc.--when chances are this desire to lose weight really came out of the wife's having made a derogatory remark about his appearance. The real reason is so aversive that he literally cannot think about it, which means that he cannot say how it happens that he wants to lose the weight, and so he oscillates from time to time.

By definition an aversive stimulus is something that you move away from. If you have been punished for controlling other people, that's the last thing that you are going to say that you are doing. We all control one another, but again the control is reciprocal; it's not one way. When we talk about who is going to control the controllers, we imply that the controllers are not controlled. Operantly, that's a myth. There is no universe where the control is one way; it's always reciprocal, in many instances to the detriment of everyone. When the teacher yells at the student and the student reinforces the teacher's yelling, it's to the student's detriment. When the wife nags and the husband reinforces the nagging, he does so to his own detriment; but then he says, "My God, how you have changed!" He's been reinforcing her systematically for three years, and then he says, "I've got a nagger," and wonders how it happens that all of this occurred. We are doing this all the time, but our language is 180 degrees out of phase with our behavior. For instance, we say: "I love you," which sounds like I am doing something to you. In the operant language, it is "You reinforce me." Operantly there aren't any questions like "I love you so much; how can you do this to me?" The operant translation is easy. It's like falling off a log. "You reinforce me, but I may not reinforce you."

I'm saying that most of our ordinary language is punishing, though it also obscures what is going on. We inadvertently punish each other to such an extent that the long-term effect is our present world with all its social problems. Punishment has had survival value throughout all the ages. We

have about three and one-half billion people on earth, and we are saying that it's better to punish people verbally than with bullets. Some may not agree, but in terms of survival of the species we would not be here if we had consistently punished with bullets instead of with words.

If you can picture a child who has been beaten every time someone has said something bad to him--for each unkind word you can put a little tiny pin in him--at the end of one day in a nursery school, he will have blood spurting out all over him and will look like one of those bulls in Mexico. Yet we do just this in the name of God, truth, and right, and we say it is all right if we do it with words. We don't see the effect for thirty years; then we have people on all kinds of drugs, and we wonder what's happening. What has happened? Simply this: we have been punishing people forever, but we just introduced something new, an abundant supply of drugs. The drugs are now more available than they have ever been. Any organism in his right mind will find a way to turn punishment off; he will do anything he can to turn unhappiness off. Apparently, what happens with alcoholics and drug addicts is that they find these things in their environment; they have learned to take these types of drugs rather than turning off punishing stimuli some other way. Many of us go to school rather than to work. (I'm talking about work at other things.) Some people get into religion. We'll do anything that will work to turn off punishing stimuli.

When I was younger and kids beat kids up, one of the favorite things was to get someone to say "Uncle." When you said "Uncle," then finally the gang would quit hitting you. Currently, you have to yell "I am an alcoholic," and then we (society) quit picking on you. If you went to a hospital and said, "I have been having a tough time; I've been working pretty hard, and I want to lay off for about three months; this institution looks as if it has pretty nice facilities; the grounds are pretty; I'd like to come in here," you would be making all the wrong noises. You have to come in with your head down and say, "I'm all screwed up; I'm a rat; I'm beat; I've got these fantasies and all of this." Then we'll say you have finally got some insight into your problem, and we'll take you in.

Let me go a little bit further. We are taking quite a bit of time right now because this is the heart of the program. Technique, you can all learn quickly; there is no problem with that. It's what we do with the techniques that matters. The fears that most people have in many instances are justified because, in terms of their history, when someone has had aversive control, <u>that</u> someone has really socked it to them. Skinner mentioned in his chapter on punishment that we spank children, we beat adults, and we bomb nations if we don't like what they are doing. So in terms of our history, we have a right to be afraid.

When we start talking the way we are talking about it, it comes out differently. For us "I" is an illusion. There is no "we" and "they." There is only "us." I don't end here, of course, because I'm responding to "us." My wife, Josephine, phoned right before I started today. She told me that our son is very sick. Our son is three thousand miles away, but I got hurt here. I can't say, really, that I end here; I'm connected and so are all the rest of us. It's our words that are disconnected. We are not really separate. The normal language is the language of separateness, although, on the other hand, we have the new literature that reminds us that no man is an island; but all day long we say, "It's your fault; you are all screwed up, etc." We've got a 1984 now, not twelve years from now. It's already here. Orwell was writing about the present, not the future.

Dr. Rozynko: Society, by the way, has used punishment continually for a long, long time. Initially it was probably essential for survival. When

you divide one hundred people into two groups of fifty and there is only enough food and water for fifty, it is essential for survival to fight and to win. Now, however, the social system is such, at least here in the United States, that there is plenty. Despite plenty, though, we seem to promote a situation of artificial scarcity, and strife persists. For example, psychologists and psychiatrists fight like hell over differing issues and views. The psychologists call medical people insensitive to human relations, and psychiatrists call psychologists medically untrained and maybe unethical or whatever. What are we fighting about? It is as if there were not enough work for both to do, and this is ridiculous of course. What we are fighting about is the distribution of society's social reinforcers. Are we fighting about food to eat and water to drink? Of course not. But we are fighting about the social reinforcers that society bestows on various people. This example is repeated in thousands of instances. Certain reinforcers, certain values, certain goals are the highest possible and most desirable aims in society, yet if there are one hundred people, there may be only limited opportunities for recognition. So society, by the system, by the allocation of reinforcement, goods, or recognition, actually encourages competition or aggression or punishment.

Mr. Swift: The language then has a doctor and patient, and we say again that the control is reciprocal, that as long as we have that kind of dichotomy with its attendant problems it will increase the probability of punishment. In our program we have each person work with another person; as such, we have no therapists. We call everyone in our program a student. We have people who live in the building who are called resident students and people who live outside who are called non-resident students. The problem is with the larger society. It's with the people who are called normal. It's the normal behavior. As long as we continue to talk as though the effect of something is the problem and do not talk about the causes, we won't ever get around to solving the problem.

In many cases, the response is either so bizarre or so spectacular that we are almost hypnotized by that response, and we don't look around it to see what's going on. We then end up calling that particular response the problem. For instance, when a child engages in self-destructive behavior--at a very high frequency--when the child is hitting or biting himself, people attend to him; but we don't attend to the child when he is doing other things. You can teach a child through successive approximation, little by little, to hit himself harder and harder and harder if you just raise the criteria of how hard he has to hit himself before you will attend to him. We are so busy terminating things that we don't like in our environment, things that we have learned not to like, that we don't attend to the children. They have to fall down, get bloody, or something like that before we attend them, hug them, or talk to them. Given the total population, there is the possibility that some children will go further in that system; we all do this, but we don't do it to such an extreme extent.

In our program, we talk about the fact that we are all in disagreement. Our language fosters the illusion that we are in agreement. We may all call this an auditorium, this a podium, this a microphone, this a chair, but when we get into behavior we are in complete disagreement. Unfortunately, we don't know that we are in disagreement. Then our disagreements aren't about the fact that I like vanilla ice cream and you like chocolate. Our disagreements are about what is real. Each one of us, then, as a function of our language, helps make it appear that we agree as to what is real. We nod when someone says punishment is bad. We say, "I agree with you." When someone disagrees and says, "No, I think capital punishment is necessary," we still

behave as though we are in agreement with him about the reality that we have disagreed about. There is an illusion that each one of us has the same reality, and that is obviously wrong.

So we acknowledge in O.U.R. program that we are in disagreement about what is real. For many people, this makes a very shaky world at first. We have just ripped out all the pseudo-props and all the foundations on which people have tended to rely for a long period of time. What they have been relying on is punishment, but they don't know that. This is the first step toward removing or eliminating the probabilities of punishment. One must ask himself, "What is it that I want or what is it that anybody else wants?" In that sense I can reply, "I want to be loved; I want you to love me." How does it happen that I'm forty-four years old and it took me all of this time to be able to say something like that? In our society and elsewhere we have been punished for showing any kind of emotion.

I may be so up-tight that I can't even say "hello" to you. If you do something, I may not even be able to tell you that I like what you are doing; in our program we find that this, in fact, is a problem, that people say they want power, happiness, wealth, etc., but they often don't say anything about wanting to be loved. Using our terminology, we would say that we would like to be reinforcing to other people, that I would like to be a reinforcer to you; but that does not come as some kind of an accident. The way we respond to people is a function of our training, and if I have been punished because my shoelaces are not tied, I have also at the same time been punished for being close to a human. People say something like "the only ones we punish are those we love." In many cases they are the people who are in close proximity. Every time you punish somebody you are punishing him for being close to another human. It's similar in a sense to inhibiting sexual responses. We punish and we talk about sex as being dirty, filthy, etc. Finally, when a person is old enough to have a job, and the civil sanction of a religious group, everybody says it's okay. He goes through the ceremony, but then he can't engage in sexual behavior. With a history of punishment behind him, you can't turn sex on and off like a faucet. What we've been punishing earlier is going to carry over after the wedding. So after twenty years of telling a young person that sex is fifthy, dirty, despicable, we are not going to be able to make it beautiful to him just because he got married and the society now says sexual behavior is okay. It will take a lot more than that to simply have the sexual responses occur, to say nothing about enjoyment. Again, our problem is our normal language.

As long as we are talking as though the other person knew what we are talking about, we are creating the illusion that we are both in agreement. So we have to start off in our program by, in a sense, doubting almost everything that happens. Why is a person this way? Why, for instance, do I call myself an alcoholic or a drug addict? How did that happen? How did it happen I'm doing that? We are taught by our language that our universe is incomprehensible, that it's infinite and mysterious, and that it will be a long, long time before we can know anything worthwhile. That is a direct result of punishment, and in fact the world is obviously knowable. For us there are really only two relevant categories of events; there are things that we like and things that we don't like. Almost everything else that we have--language, the things that we call beautiful, everything--increases the likelihood of punishment. Instead of saying "this room is dirty," simply say "I don't like it." The room is not dirty; dirty is a word, and the word is not whatever the room is.

We're saying, in that sense, that there are two types of worlds, the word world and the other-than-word world. In the case of gravity, which we

cited earlier, Newton did not invent gravity. Gravity, as such, was here before he put the label on it. Trees were here before we made the noise "trees." So when we walk around and say, "This is dirty; that person is irresponsible; that person is not motivated; that is ugly; that is depraved," we are not really talking about these things or these people. It would be more helpful to say that we don't like these things or these behaviors. How does it happen that we can't say we don't like something? We can't say it because we get punished when we do. You know, if you say that you don't like something, someone says quickly, "Who the hell are you?" So we learn in school to come up with longer words, and we get further and further out of contact with the world and the environment. Whatever this floor is, it is not dirty; dirty is a noise, and I am making it. Whatever the word "dirty" is, it is different from the non-word event which I may or may not like, given my history of learning. I may "dig it" or "groove" with it. On the other hand, I may be "up tight" about it. If I have been punished for having a messy room, I'll go around, and I will call what I do "cleaning up." I won't say, "I am terminating things I don't like." I'll say that I'm cleaning up or straightening up or getting things together.

Most people can't say, "I don't like it," so in our program for about two weeks in one class we have the people walk around the environment and, not even naming what they're talking about, make a response of either "I like it" or "I don't like it." They very quickly find out who they are. The people get rid of those noises whose main function is punishment rather than description. Description is another illusion; for us there is no such event as description. (By the way, we say that we <u>are</u> scientific, and behavior modification as a descriptive system is supposed to be one of science's strong points.) Now we are denying that there is such a thing as description, saying that description is another neat way to club somebody. The whole process of verbal clubbing is based on the assumption that there is always the probability of counter aggression and that verbal behavior has fantastic survival value for the group. Using this principle, you can punch somebody out without his hitting you back. In fact, he will probably agree with you after you hit him. You say, "You're a lazy bum," and he says, "You know, you are right." He is hitting himself. If you had hit him in the nose, he would have known <u>you</u> did it.

Again, you are listening to what we are saying; but the benefit of what is happening here will not begin until you start making the same noises. We say in our program, "I am perfect; you are perfect; we are all perfect." What is our language all about? "You are a misfit, you are full of flaws, you are screwed up, you can't do that." We say just the reverse. You can say in the same breath, "I am perfect, and I would like to change. I smoke, I drink coffee, I punish, and I would like to change. I am not bad because I punish. I punish because that's what humans learn first." Humans are not innately aggressive, but they punish in an effort to terminate aversive stimuli. The interesting thing is that stimuli can be either learned or unlearned. The proof of this is that children behave this way when they are born. While I started off by saying that this world is said to be incomprehensible, actually it's instantly comprehensible. We were all children at some point, and we've made it; we're alive. There are three and one-half billion people who are alive now. When a baby is born, just watch him. There are things that he likes and there are things that he doesn't like, and the rest of this world is, in effect, neutral territory. Interestingly enough, you don't ask the child whether he likes something or dislikes it; you watch what he does. If you are feeding him and the spoon ends up in his ear, you probably assume he doesn't like his food; but if it ends up more

often than not in his mouth, then you assume he likes it. "I don't like it." That's hard to say; it is really hard to say. We have to say something else, something less personal, and we're crafty about what we say.

The baby is born liking and disliking certain things, but, as time goes by, he learns to like and dislike more things. He will tend to terminate, go away or walk away from things that he has learned not to like. How does it happen that he has learned not to like them? He has been punished or has seen other people punished or heard stories about people's being punished for those behaviors. We teach people in our program to say that it is not that this universe is incomprehensible. You know it, and your behavior knows it, and you don't have to defend it. If you don't like something that's far out, that's exactly where you are; you don't have to apologize or defend. It's like having a toothache or a broken leg. You don't have to deny or defend having those things. They are; they exist. Similarly, if you don't like something, you don't like it. On the other hand, someone else doesn't have to like or dislike what you like.

At this point, if you are following what I'm saying, you're realizing that most of the words we have increase the probability that we will punish one another. We are saying, then, if you can, just for a day, refrain from saying things to people but just walk around and listen to the things that you hear and take a sheet of paper and divide it into two columns, L and D, and just start writing down "I like it" or "I don't like it," not "it's beautiful; it's ugly; it's healthy; it's unhealthy," those kinds words. Simply look around the environment, look anyplace where you are, and go through this particular technique. It is exceedingly simple, but soon you will find that you are living in a different kind of world, that things are not dirty or clean anymore.

Some of you may notice that we are coming into something that is similar to what is called an eastern philosophy; we're talking about things that have come out of India or China; and we're talking a great deal about illusions. For instance, the description of "self" and "I"--and we are saying here that these are a function of punishment and that once the punishment is gone, the "I" is in that sense no longer required--is an illusion. When I say someone is lazy, I'm describing nothing; I'm simply hitting somebody--at best, saying that I don't like something. It would be more straightforward to say, "I don't like that," rather than to imply that an answer is wrong. There are no wrong answers. In a sense, two and two are not four; we simply like four better than five in this case. I once said that to someone who at first thought I was trying to be funny, then when he saw I was serious, found it difficult to follow. What I am saying is that, when we punish in the name of logic, what we are doing is not about logic. When someone says to us, "That's not logical," he has hit us. Then we say "Yes, it's illogical," and we hit ourselves again. Now we get hit twice because our response was said to be illogical--once. It's like feeling guilty about not feeling guilty, or crying because we weren't crying at a funeral when we should have cried. I should have felt bad but didn't, so now I feel bad about not feeling bad. I can punish myself indefinitely in this manner.

Dr. Rozynko: The only reason that we like the equation "two plus two equals four" is because it works for us, reinforces us. We have found that this mathematical system works, helps us keep track of a lot of things; and keeping track of a lot of things is very important in our society. I want to go on to more specific things that we do, because this is a pretty general, broad ranging kind of a talk that Ken has been giving. I think it is important to relate exactly what we do. Surely, we do talk like this, and we do try to set up ways whereby people will talk that way to themselves and

to other people; but we have specific discrete exercises that have been designed to help the student proceed toward what we call the operant view of reality. First, of course, as Ken mentioned, we have people go around and practice saying, "I like it" or "I don't like it." As he said, it is very difficult to do this. Usually it is "dirty" or "bad" or whatever, but we like to say "I like it" or "I dislike it."

Suddenly people find that a great portion of their world consists of things that they do not like; of course, the things that they don't like are the things they have learned to dislike. If you dislike too much of your world you are a very lonely, unhappy individual. Therefore, we have to institute procedures by which the individual learns at least to neutralize to the things he previously disliked. He may then eventually begin to like them or begin to be comfortable with them. We call this neutralization, but it's very similar to a process called desensitization which Wolpe and Lazarus developed. These kinds of techniques were originally developed for phobias in which people were afraid of snakes or heights or something of that sort. What the therapist did for the patient was to construct a hierarchy, taking the most severe kind of fear (handling the snake, or standing at the top of the cliff and looking down) and making it the last item in the hierarchy. The first item, which would be the least threatening item, would be something like looking at the snake from fifty feet away with the snake in a glass case so that he couldn't possibly get out. The idea is to construct items, situations, which approach the feared object closer and closer and closer. At the end of the process the person relaxes, sits in a recliner chair, and manages one step and then the next step, still maintaining a state of relaxation. At the end of that sequence, if he is able to visualize the situation and to maintain relaxation, then he goes on to the assertive training phase in which he has to approach the snake. The effect of that is that he loses his fear. That was the original process of desensitization.

What we are doing now (Kraft has been doing it with the Social Anxiety Hierarchy) is applying it to people's relations with people. What we are saying here is that, while phobias or fears are all significant and while modifying fears is very nice, unless you are a pilot or steeplejack or something like that, it really doesn't matter too much that you are afraid of heights. Similarly, if you are afraid of snakes, you just stay in the city; then you don't worry about snakes. But people's problems are mostly with other people, and many experiences make people afraid and make them avoid people. A lot of our people and people in general cannot look in a person's face; they have to look away. They have learned to do this. This has great ramifications. If you are looking away from a person while you are talking to him, you don't know what effect you have on the person; you can't adjust. So we have created what we call social anxiety hierarchies in which people are asked to set up situations in which they interact with people. They are asked to visualize people in certain kinds of situations, from the least to the most feared situation. The worst may be standing up before your boss, conducting a job interview, applying for a job, having the employer kick you out and say, "You are a drunk, you are a drug addict, I don't want you, get out of here." When an individual is trained, he is much more able to face a job interview relatively calmly, relatively relaxed, and able to see what goes on without having to avoid the gaze of the employer. Obviously he is much more able to control his environment, control the interview, and he is interviewing the employer just as much as the employer is interviewing him; so this is a process which can be and is extrapolated to a whole variety of areas, very specific areas.

How many kids, adults, males have had difficulty in phoning someone and

asking for a date? This is really critical. By the time you are forty or fifty years old, if you still have that problem--and many people have--this really restricts the amount of love you get, the amount of positive reinforcement you receive. Some people have to drink in order to approach a woman, and we are developing a hierarchy for that. There are hierarchies developed and being developed for all sorts of specific kinds of behavior. This enables people to relax and be comfortable and begin to make assertions where previously they were paralyzed.

Next, we have been developing exercises on reinforcing people. I mentioned a little bit earlier how people might come up to someone and get put down. If you get put down, you don't approach that person again or very often again. And so we teach people different behaviors, how to reinforce and when to reinforce. The optimum time for reinforcement is four-tenths of a second after the behavior occurred; if you are late, the person may be doing something else. This is extremely effective, and we know it. We do this all the time. When interviewing someone, talking to a person, you say "uh-huh" or "right" or "that's interesting" at a particular time when a particular behavior occurs. If you, a counselor, are waiting for a person to talk about his sexual repressions and he finally mentions a little something about that, you say "right." You make some positive indication. The therapist, the interviewer, controls or influences the behavior of the interviewee by his verbal behavior. So we teach people how to do this. If the therapist were inhibited for some reason and said "uh-huh" five seconds later, his response is too late. The client might be talking about football at that time, and you are not interested in football. It's amazing how inhibited many, many people are. They hesitate to say something that is right there; they're slow.

Mr. Swift: The O.U.R. (I was looking at the time.)

Dr. Rozynko: I was, too.

Mr. Swift: He is controlling me, and you will notice that it is reciprocal. The O.U.R. (the program's name) is sort of an ink-blot thing. You can insert anything you like. We got it using this--it's an O-dot, U-dot, R-dot. It's a mnemonic; some of the funnier ones are like: On the Upward Road or Old Ugly Rats. It was the long way of saying it was ours rather than somebody else's; rather than talking about the state or the establishment, as many of us do, we say, "We are the establishment to the extent that we punish. All of us. The establishment is not something at some other place; each one of us, to the extent that we punish, is the establishment. So what we are talking about here is not a separate 'we' and a 'they' but an inseparable 'us.' It's ours." One that I happen to like is the Operant Ubiquitous Reality, which is one of the things that I was trying to take off on with you. The operants have been there forever. It's not that they are now coming. Skinner did not invent them. Now that we are aware of them, that's what it's all about. The operant language and the study of operants is the study of consequences. The normal language has the cause of behavior preceding it. In operant, you turn almost 180 degrees. Vit mentioned it in terms of four-tenths of a second. Whatever happens right after the response is the thing that is likely to control that class of responses.

Dr. Rozynko: Right! So when we think of our own behavior, very often we say, "My God, what did I think of, what happened before, what motivated me, what motivated him?" Instead we say, "The cause of behavior is what happened after the response, because what happened are the consequences; and the consequences of the response are what maintain the response and what keep it going." That is where we look. All of these exercises that we are doing are very molecular and very simple, but we also have what we call a recording

and a behavioral control system. It takes about two years for a kid to learn how to talk, and then he goes from "mama" and "dada" and so forth and so on. Behavior change takes a long, long time, but we are used to it in the case of children's learning to speak. We all know that it takes a long, long time for a child to learn to speak. But all kinds of behaviors take a long time to start, and they start off little by little by little.

If you keep records on the rate of behavior acquisition, you may see certain behavior one time the first week, two times the second week, etc. The curve goes up gradually until at a certain point it takes off in an exponential way. We keep records, not only to see if what we are doing works but also to reinforce and maintain our own behavior. Without such a reinforcer we might get discouraged. Similarly, money is a reinforcer; if you give money to a person after he does something, it will probably increase the likelihood of his repeating the behavior. Money is not the best reinforcer for all people, however; and what is a reinforcer for me, what I like, what influences my behavior, may not be a reinforcer for you. So in each case we have to check to see what changes are occurring in the environment, how our "treatment" program is working on any particular person's behavior. There is the research part of it. We must determine how effective each exercise is. Research is a big part of it; and, while the ideas that we are presenting are important, are critical, are the basis of it, the everyday work is the thing that makes it grow.

Mr. Swift: Without the record, you are going around blind. Subjectively you remember things that didn't happen, but if you are keeping a record you can see the behavior change on the record.

We have about a five-minute film to show you now. Again, we don't have any therapists; the people in our program teach one another. On the film you will see two people who are probably not representative, since they are in the film and have gone on to become directors of other programs. When this film was shown in Washington, they believed that these people were staff members. They are not; the people in the film were also in the program. We also use animals. We have the person reinforce a rat, not as a demonstration but to have the rat teach the person. I'm saying that the rat's behavior changes the person. In order to reinforce the rat appropriately, one really has to watch him closely. Most of us have been punished for watching people. Sometimes it's called staring, and we are not supposed to stare. But if you don't look, you don't see the person you are reinforcing. May we show the film? (A short film excerpt showing two program members training a rat and discussing what they are doing.)

Mr. Swift: That's it. They have made a film of all the various programs, but we were the only ones who didn't have any staff members in it. All the people were students, either labeled alcoholics or on some other drugs. Notice the way our students were talking in the film. Instead of talking "normally" about behavior, they were talking about "the variables in the environment that controlled the behavior" and talking that way; that is, "abnormally" has profound effect on behavior. The process is not flashy; it comes in slowly. After about six months of going systematically through the program and talking abnormally a person's whole reality is different.

Perhaps we can do the first phase of the training program. We have a highly stylized technique. What we want people to say is printed in these little handouts, and we have what we call terminal behavior measures. After our student has learned what to say, we then have an interview in which someone asks questions, and the student says the answer out loud.

(A group of eight male volunteers from a local alcoholic rehabilitation program are on the back stage facing the audience. This group was seen by

Mr. Swift and Dr. Rozynko prior to the presentation and has agreed to assist in the program.)

These gentlemen volunteered to come and help us, and we went through part of our program this morning just to give them a slight warm-up on how it worked; but they are not familiar with this material that we have right here.

This is called the assertive training warm class. When the time is right, we will hold an interview with a student. Although we haven't got it to this stage yet, we plan to have cameras to record the interview. Since we don't want to punish in our program, if I want to have an interview, I would ask Vit, "Would you interview me in this particular class?" To illustrate, you ask me a couple of questions. (Dr. Rozynko and Mr. Swift seat themselves facing each other.)

Dr. Rozynko: What is the name of this class and what does this class consist of?

Mr. Swift: This is my first assertive training class and it consists of a simple exercise. (Let me interject that someone might say here, "All you are trying to do here is to get people to memorize things." And we say that they have already memorized what they now say verbatim: "I am screwed up; I am no good; I am a failure." All of those things are memorized! Also in the the interview I may look down--did I look down?--and Vit's job is to get me to look up at his eyes. At first I may be looking down as I'm answering these questions; but eventually, if he behaves appropriately in relationship to me, I will slowly look up. I won't be afraid to look at him if he doesn't punish me, and at the end of the interview I will end up looking at him. Over a period of time in our program, we reinforce eye contact that way. We believe this to be a very fine type of reinforcer.)

Dr. Rozynko: What three behaviors will this class begin to teach us?

Mr. Swift: Although deceptively simple, this class will teach me to learn to wait, to learn to see, and to learn to reinforce.

Dr. Rozynko: Thank you. How much of our behavior is learned?

Mr. Swift: Much of our behavior is learned through reinforcement. After a response has been reinforced a few times, it is learned.

Dr. Rozynko: Thanks. Generally, do we know how much we control the behavior of others with our words and our looks?

Mr. Swift: No, we little know to what extent we control the behavior of others with our words and looks, that we control our entire environment with our words and our looks.

Dr. Rozynko: Fine. Do people do what they decide to do?

Mr. Swift: No, not really. People do what they have learned to do. (Dr. Rozynko: Fine.) They do what they have been reinforced to do.

Dr. Rozynko: Great. Now, how do we usually control our environment--that is, other people?

Mr. Swift: Usually we control our environment with some form of punishment--ridicule, frowns, humiliation, or threats.

Dr. Rozynko: That's good. That's enough.

Mr. Swift: You can see yourself that to read this silently to yourself is not enough; you have to say it out loud and hear it. The problem here is that you may believe, as a function of the fictions involved in education, that if you read something you know it. We are saying here that in order for it to affect you maximally, you have to say it out loud; so you can practice just reading it out loud. What is the name of this class, and what does it consist of? You can say, "This is my first assertive training class, and it consists of a simple exercise." Then, if I feel a little better, I can say to Vit, "I'd like to practice it." So in this class we will be doing the

the reading first and the exercise second. We will be doing a half hour of practice on this with two students; each will be doing it with the other. Afterwards we will do the warming exercise.

(Demonstration of the warming exercise. Initially, Mr. Swift and Dr. Rozynko demonstrate the exercise. Later the group of volunteers on the stage perform the exercise one by one. In each exercise, one volunteer puts on the blindfold while another guides him to an X placed on the back curtain by saying "warm" whenever the blindfolded volunteer makes a move toward the X. The exercise ends when the blindfolded person touches the X with his outstretched hand. The position of the X is changed for each person.)

This class, although deceptively simple, will begin to teach us three behaviors that are important to learn if we want to stop punishing. These behaviors are learning to see, learning to wait, and learning to reinforce. What we are going to try to do is get one of us who is blindfolded (in this case, me) to move to that X up there. This is a variation of pin the tail on the donkey. He can use only one word--"warm." There can be no "colds," for that's punishment, no "chilly," no "you're doing it all wrong" or "you don't know how to do anything." The only thing you can say is "warm." The simplicity of this exercise is amazingly deceptive, and many people cannot say the word. Some of you may come up if you would like to try it. Just start saying "warm" to get the person to come here and point his finger at that X. In this case the wall is said to be "back there," so it's not too difficult a task, although blindfolded I don't know exactly where "back there" is. In the next class we'll do something different and more difficult. In this one we already know generally what it is we are attempting to do. Go ahead. Try it . . . . Warm, warm, warm, warm, warm, warm, etc. (Directing the blindfolded man.)

In our program we record results on a sheet. I neglected to show a sample record when I set up the overhead projector. It shows who is doing it, who is having it done. We start by having one of the people record the amount of time that it takes to get the person from here to the X. We have someone else count the number of "warms." Over a period of time, it will take less time to get the person from here to there, and the frequency of the "warms" will increase, which is to say that more and more reinforcement is flowing into the environment.

Vit, would you and John just move this around, please? John, an alcoholic, has never done this before, by the way. Now if we were recording it we would have one person here, and one of the students would tell them when to start. (The X on the wall is moved to a different location after the reinforcee or the warmee is blindfolded.) Okay, Vit. Warm, warm, warm, etc.

We would again record the time that it took. If one of you will change places, we'll just play ring-around-the-rosy. The thing is not to move fast. Speed is not the object. We are not trying to have speed; we're trying to make it happen. Warm, warm, warm, etc.

You could take averages if you felt like it, or you could record the number of times a person said "warm" and graph it. What you actually see is that each person is reciprocally reinforcing the other. When one person says "warm," he is a reinforcer to the blindfolded person; and when the blindfolded person gets closer to the X, he is a reinforcer to the person saying the word "warm" Each is controlling the other. It's not a one-way trip, and it never is.

All of this is learned. Let's see, maybe if I stand here beside you, I can pick up some of the "warms" on this mike. What I was going to say is that all of this takes time, and most of you will probably have trouble with it. Most of you will not see behavior; you really have to learn to see it.

It takes time, and it takes a special environment, a non-normal environment. Notice that there are silences when the person is not moving toward the X.

I think we'll stop and try it again with other people, and you will see again that it takes time to get right on the button. Generally, we hold for about two minutes. When it hits two minutes, then we stop timing and just keep right on going. Would you put your hand up please? You can start.

Warm, warm, warm, warm, etc. Right on it!

Dr. Rozynko: Ken, would you like to question the other ones?

Mr. Swift: No, I'd like to go through the whole group on the "warms" first--to show the variations.

Start. Warm, warm, warm, etc. On it.

Now, again, these are deceptively simple, but if you can't say "warm" to somebody, you can hardly reinforce him. "Warm," in a sense, is easier to say than "I like that, I love you." If you can't say "warm," the chances are you are going to have trouble saying the other things that are a lot more difficult. So we start with a word that is more or less neutral.

Okay, you can start. Warm, warm, warm, etc. Fine, right on it. Very, very good. Both of you!

Have you "warmed" somebody? Have you? Okay, you're next. This is called the "warming class," and there's a warmee and a warmer. Here's the -ee, and here's the -er. If you will put your arm out, you can start.

Warm, warm, warm, etc. Very good, very good!

Now let me see, maybe I could warm you over. That's right. Who has not "warmed?" You didn't warm? Okay, begin. Warm, warm, warm, warm, etc. Bingo! Fine, very good!

(The following are demonstrations of the "good" exercise in which a more complicated terminal behavior is specified, e.g., stand up from chair and go to another chair and sit down, stand up, approach someone and touch him, etc. The directions from the person reinforcing, or the "gooder" can only be transmitted by using the word "good" immediately after the "goodee" performs a behavior leading to the previously specified terminal behavior.)

This is similar to the experience of the sculptor who is looking at a piece of granite and having to be able to see what he's after within it. You must see each part of the behavior that you have to shape. In that sense, there is almost always <u>something</u> you can reinforce, if you can see it. What I am trying to say is we don't have to punish the gross behavior that we don't like if we can actually see the components of the behavior that we do like. We can then start reinforcing those, using what we call differential successive approximation. Let's do a couple of "goods."

We generally specify behavior at this point without the goggles, without the blindfold. We write on the card for a person to do something.

Dr. Rozynko: Why don't you write it on a card and then do it?

Mr. Swift: Unfortunately, you in the audience can't read it. I'm trying to figure out how I can tell the audience without telling him. I would have a stack of these cards, and all of the people in the group would know what behavior we want him to do--everyone except the trainee, that is.

Dr. Rozynko: Why don't you give it to Dr. Gazda. He can keep it and say there's no fraud.

From audience: Why don't you write it on the board and cover it up again.

Mr. Swift: Okay. Can everybody see it? Okay, I'll start.

(Dr. Rozynko is the "goodee" and Mr. Swift is the "gooder." The specified task is to walk across the stage and sit down next to one of the volunteer alcoholic patients.)

Mr. Swift: Good, good, good, good, good, good, good, good, etc.

(Applause.) For somebody who can't talk, that's hell. And most of us can't. By the way, we do not attempt to train people to talk to a large group like this (500 people). We want one person to be able to talk to another one person, so our goals in that sense are a lot more limited. The problem seems to be that most of us can't make it with one other human.

Dr. Rozynko: However, we also have opportunities, whereby people, students in the program, can go before college students and explain the program. We have many visitors, and we usually give to one of the students the job of telling the college students or the visitors what the program is about. So they do have an opportunity to talk to groups of people--usually small groups, twenty or thirty, more or less.

Mr. Swift: I was just trying to figure out--Sean (an alcoholic), would you stand over there and look the other way, and we'll try to figure out something. By the way, in the program we would have available to us a stack of cards--about a hundred of them--on which would be listed a variety of tasks from which we would select the ones we would do. Here, where we have to make up the tasks as we go along, it is much more difficult.

(The selected task is to approach Mr. Swift and to take a pen out of his shirt pocket. Dr. Rozynko is the "gooder" and Sean, the "goodee.")

Dr. Rozynko: Okay, good, good, good, good, etc.

(A lot of laughter in the audience as Sean grabs Mr. Swift's beard. After the task in resumed, it is shortly completed.)

Mr. Swift: You gave me goose bumps. All of this is done without punishment. It really is a trip when you can see what you can do and also what it is that we are doing, realizing that we are doing it minus the punishment.

Dr. Rozynko: Notice that I didn't wait long enough. It was almost disaster when he moved his hand up, for I said "good" too soon. He had grabbed the beard just as I said "good," and it took him a long time to get off that, because I had reinforced that response. Sometimes it happens that when you reinforce something incorrectly it is terrifically difficult to shift to another response. Fortunately, it worked out this time.

Mr. Swift: Sean, would you come over and do this "good."

Dr. Rozynko: (talking to "goodee--not Sean) Would you close your eyes for a second? (to audience) Did everybody see the task?

(The specified task is to approach another participant and take a cigarette out of his pocket.)

Sean: Good, good, good, good, etc. (Applause on completion of task.)

Mr. Swift: I'm trying to keep them fairly simple at this point. Ordinarily these people would be in this class for an hour a day, and we would progress from a simple exercise to a more difficult one. I don't want us to move fast. The main thing is reinforcement. The person who isn't getting reinforced is not learning, so the whole thing is to give the environment a high probability of reinforcement. Could you "good" the next man over? Just a second. Can everybody see the task?

(The task is to have the volunteer approach a display board, pick up a crayon and make a mark on the display board.)

Volunteer: Good, good, good, good, good, etc. (Applause on completion of the task.)

Mr. Swift: It was simple just to pick up the crayon and make a mark. Would some of you (audience) care to come up? Maybe we could just have you come up and "good" somebody. You're popping right off pretty fast with the "goods." Generally we go through the "warms" and get the feel of the whole thing first. Would you come over? Can everybody see this task? Do you know what this task is, where it is?

(Several volunteers from the audience come up. The specified task is to

have one audience volunteer "goood" another member of the audience to approach a chair and pick up a blindfold lying on the seat of the chair.)

Audience volunteer: Good, good, good, etc. (Applause and laughter.)

Mr. Swift: (to a member of the audience) Would you come over? You will be the subject in this case.

Audience volunteer: Good, good, good, etc. (Applause.)

(The specified task was to have the "goodee" come to the center of the stage and sit down. The task was accomplished very quickly.)

Mr. Swift: That was fast. I don't know whether they've got ESP going or what. How does that feel? What's nice about this is that the good is reciprocal; both people really feeel good. This is not just what other people would call a demonstration. People are changing as a function of having this happen. It's not some kind of an intellectual process as such; the people are experiencing a change in their universe as a function of making a noise. Instead of saying "wrong, wrong," our whole point here is to get these segments of behavior to occur with simple words. I think this could be the end of this, and we can go on to something else. I want to thank you very, very much.

Question and Answer Period

Mr. Swift: I thought we would leave it open for questions somewhere around this point. There's a question back there.

Question: Is your approach opposite to what takes place when we say, "No, no. Bad boy."

Mr. Swift: Right. For us there are two paradigms; one is positive reinforcement and the other one is related to punishment. When you say "No," as a punishment, you are teaching a person what not to do. That leaves it up to him to discover what you would have liked him to do. If you simply wanted him to sit in a chair, you could punish him for being in any other part of the universe except there--which would make the frequency for punishment sky-high. When you punish and you say, "No," what you are doing is building a verbal fire underneath someone. He can terminate it by doing something else. The hangup is that he still doesn't know what else he is supposed to be doing. In some cases, we simply don't like what he is immediately doing.

Question: Have you ever tried to play the game the opposite way--using "bad" or "no" instead of "good"?

Dr. Rozynko: No, we haven't. For one thing, even if one succeeds in the task, my prediction would be that the people doing the exercise would feel bad.

Mr. Swift: Also, if you get reinforced for doing it, people will come to avoid you. Any person who gets paired up with an unpleasant stimulus will become an unpleasant stimulus. Instead of simply leaving, people will learn to avoid getting near, so the punishing persons then somehow or other, in order to have people around them, must coerce others to be around them. Unfortunately, in our culture, even though we talk about money as being a positive reinforcer, in many cases it is a license to punish. If you can hire somebody and give him the money, then you can say, "What do you think I am paying you for?" Rather than use the money positively to reinforce somebody, we create an environment which makes punishment highly likely.

Question: Do you believe all behavior is learned?

Mr. Swift: I am an old, dyed-in-the-wool, rigid, gushy, responding organism who--yeah, I believe it is all learned. The only thing is that the

words learned may be obscure things. When we are talking about learning, we are talking about changes. Changes can either occur in the life of the species (at which point we call them mutations) or occur as a consequence of the individual member's experience (at which point we may call them learning). So we would talk about phylogenic learning and the learning that is occurring within the lifetime of the individual. When Skinner talks about phylogenic learning, he is accounting for learning that has taken place in a species. He is the one who gave me those noises. The learning that we are interested in, of course, is that which occurs within the lifetime of the member.

Question: If punishment leads to fear, isn't it helpful?

Mr. Swift: The operant argument about emotions is not so much that they do or don't exist but that emotions do not act as causes of behavior. In the operant position, the emotions are said to be by-products. What takes place in our approach is what most people call positive emotions. For instance, what we were just talking about up here--that both people felt good, that they responded in that sense--again was the function of what happened in the environment. They did not do it because they felt good; they felt good as a function of being reinforced. We wish to say here that the way you feel is directly related to the way that you are talking to yourself, and the way you talk to yourself is related to the way you talk to other people. The only reason you talk to other people is because they reinforce you when you do. Now if you are feeling good, there is no problem. But if you are feeling bad--how does it happen that we call the people who have taught us to feel bad "friends"? The people you are associating with are reinforcing you to make certain noises. In some groups they yell, "Burn it down," and everybody yells, "Great!" In other places they say a number of things. If you are feeling good in that sense, there is no problem. What I am trying to say is that instead of feeling bad, you'd feel good. I felt good; in fact, when that happened (when the volunteer pulled his beard), I literally had goose bumps all over me right here.

Question: Is the basic assumption that fear is bad?

Dr. Rozynko: No, the basic assumption is not that fear is bad, because fear is obviously survival oriented. If we didn't predict certain things happening and didn't have the emotional quality along with that, then most likely we wouldn't be around. On the other hand, at the present time, fear does not have survival value in most cases. If a tiger were after me, the adrenalin and everything that goes into my muscles would help me run faster and help me survive. But if I am before my boss and he is chewing me out, my adrenalin surely isn't doing me any good. As a matter of fact, it makes it more difficult for me to cope.

Mr. Swift: I think we may be hung up with the word "fear." Generally speaking, we'd like to specify what behavior we are talking about. Many of us are in disagreement about what we feel. If we went around the room and talked with each of you about your definition of "fear," we would come up with as many answers as people. On the other hand, if we can specify some kind of behavior, we can see what behavior is detrimental and what we can do to help.

Question: Isn't extinction a type of "negative punishment"?

Mr. Swift: This again is one of the difficulties with feeling. In a process called extinction and in terms of punishment, both of those are situations in which it is likely that the person will say, "I feel bad." The behavioral outcome of extinction is quite different from punishment; but at the gut, they look the same. Thus, if you are talking about it in terms of your gut, at that point you will miss what is going on behaviorally. In terms of

punishment, you might get immediate suppression, whereas, in extinction, the behavior is gone and is not likely to occur again. What I am trying to say is that while both punishment and extinction can make you feel bad, the behavioral outcomes are light years apart as to what actually happens. We don't suggest extinction as a procedure of change. Extinction hurts. We have a lot of signs all over our building because we are so interested in what people say. We feel that if somebody is hurting somebody else, it is likely that he is hurting too. We also say, "Punished people punish people." In terms of modifying behavior, then, what we attempt to do, instead of extinguishing a response, is to reinforce an incompatible response. About ten years ago I was attempting to stop a child from crying, and I was using a straight extinction schedule. It took eight hours, and I was a wreck when it was over. The baby was exhausted, too. A few years ago I had a similar situation, and I got the crying stopped in about ten minutes. The difference was that in the first case I simply wasn't reinforcing anything, so all that behavior just kept on coming out. In the second case, as soon as the child stopped crying, I started reinforcing. What happened then was that the period of the non-crying started to replace the crying, and then very, very quickly we got the baby to stop crying. I'm saying that if you use extinction, it is going to generate all kinds of behavior which may not be helpful to anybody, including the person. We are saying to reinforce positively behaviors that are incompatible with the behavior you want to eliminate.

Question: What reinforces the behavior after a student leaves the program?

Mr. Swift: When we have been deprived of water for any length of time (I'm not talking about deprived in the jail sense of the word; we simply haven't had any for a while), the reinforcer for walking over to a water fountain and pressing the button is the water. In that sense, we have learned to control the environment, and we are not uptight about it. It's not so much that we have confidence about things; it's that we have gone to a number of different places and we know where the water fountains are. The person has learned to control the environment in relationship to getting water. Our difficulty is in relationship to people. How do you get other people to reinforce you? You have to reinforce them. I don't mean reinforcement on a contract basis, where I scratch his back and he scratches mine; I'm talking about a general procedure in which, if you are positively reinforcing to other people, they will reinforce you. Using that kind of language, basically what people want is to stop hurting. I don't want to hurt anymore. I'm tired of hurting; I've been hurting all my life. I want to be loved; I want to love other people, but I've been afraid. How come? Because every time I got near another person, he gave me a verbal whack. I believed that that was the way the world was. When someone said, "You're selfish" or "You're not doing that right," I believed it as though they were statements about my behavior.

In our program, we say that these are noises, that your behavior is something different from somebody's noises "about" it. In fact, at the tail end of our program, there is no rejection; there is no way for anybody to reject you. At worst, they can only fail to reinforce you, but they cannot reject you. The lives of most of the people that we have worked with have been governed by terminating things they don't like, most of which they present to themselves in the forms of words, noises, tones of voice. In our program, people come to talk differently, feel differently, see a different environment. They see it, they say, "I like it," and they get more of it and keep on getting more of it.

Question: Do you involve the families?

Mr. Swift: Yes. That's what I'm trying to say. The problem is normal behavior. If you're talking about alcoholics, at most there are about nine million. The population is alleged to be two hundred million. That's where the problem is--in all of us. Our problem today is that we can't say we are the problem. I'm not trying to accuse. I'm not saying we are bad people, but we are people; and to be human is to learn to punish, unless you are in an abnormal environment. To learn to positively reinforce people takes an abnormal environment.

Question: Does one's past history play a part?

Mr. Swift: Does past history play a part? In the sense that everybody's likes and dislikes are personal or idiosyncratic, it does. Most of the things that we don't like we have learned not to like. What Vit mentioned earlier about not liking to hear the boss make those noises is true, but a baby wouldn't necessarily find them distasteful. In fact, you could sing or say, "Son, you're a dirty rotten son-of-a-gun" or something like that to the baby, and he might like it.

Question: Do you have the people verbalize what they don't like?

Mr. Swift: Yes, but not to start with. For instance, one may just look around the environment and then say, "I don't like it" without specifying what the "it" is at that point. Later we get into what it is that we don't like. Using that model of the baby and the likes and dislikes that he is born with, the remaining part of the environment looks like this: there are learned dislikes and learned likes, and part of the universe is neutral. Most of this is a function of personal history. For instance, over a period of time, a person learns to dislike more and more of his universe. He thinks, "My God, I can't do anything right!" When you're feeling good you can spill things and just say, "Oh, I just spilled something." But when you are not feeling good and you spill something, you say, "Damn it, I can't do anything right." If I am frowning and worried, and walking around like this, it's hard for me to reinforce someone. Another person might say, "What the hell are you mad at? What did I do?" Of course, he didn't do anything, but my frowns drive him away. All of these kinds of responses are learned, and it is highly likely that they can be unlearned. Our program is aimed at learned likes and learned dislikes.

Behavior changes do happen when you change what you say. You don't even have to believe it; all you have to do is say it. Say, "I am perfect. I have never made a mistake in my life. I have never been wrong." That's the stuff that everybody hits us for saying. People punish us by saying, "Who do you think you are? What do you mean, you are perfect?" Consequently, we can't say those things. We can't say them out loud; we can't say them to ourselves. So we learn to say, "I'm full of flaws, I can't do that right, I can hardly do anything right." We have been taught to bad-rap ourselves in almost every kind of endeavor. When I say that I am perfect, I am saying that my behavior is just right in terms of all the antecedent conditions. I can be hurting and hurting badly, but that hurt is just right for all the antecedent conditions; and I am out of contact with the whole reality if I say I shouldn't be that way or I shouldn't feel that. We say there is no event in the universe that ought to be another event; and if I am here, this is exactly where I should be. If somebody doesn't like my being here, then they can tell me that they don't like my being here rather than that I ought to be over there. I am not late; I am always on time. I am not lazy. I am perfect, and if somebody doesn't like my behavior, they can shape me, change me anyway they like, but not punish me. I don't want to be punished anymore.

Question: I think you have a far too limited definition of punishment,

because if you have been reinforcing positively and stop you are punishing.

Dr. Rozynko: When you stop reinforcing, it is not punishment; it is extinction. The behavioral effect of the two operations is vastly different. You may recall that they may not feel different in the gut, but the eventual response is very clearly different. However, this is another reason why Ken was saying he preferred the reinforcing of the incompatible rather than extinction--it "hurts" less.

Question: Is reinforcing the incompatible the only way to do it? A while ago you were talking about the kid's crying. You almost have to tell the kid to stop crying before he will stop crying. I don't get it. What's the problem?

Mr. Swift: Our only problem seems to be our spoken verbal behavior. Our problem is what we're saying. If you don't like my noises, go ahead and change them--but not with punishment and not by logic, not telling me that I'm going through equivocations or that I'm not being logical or this, that, and the other. If that's what you do, it's okay except that there are more effective ways of behaving and that it's not helpful to us in the long run if you control me with punishment. Immediately we may be able to get people to stop doing things that we don't like, but in the long run we are guaranteeing that they are going to do more of the things we don't like.

Question: Do you keep pointing out harmful behavior?

Mr. Swift: No. In fact, I was just trying to say that. I punish. I punish less, I believe, than I used to punish; but I still punish. I would like to punish less. I would hope, though, that when I say to you that I punish, you will not punish me for saying it, because that's what I'm doing. If I say that I don't like something, I would like to hear you say, "Thank you," and I would like to be able to say "thank you" to you when you tell me that you don't like something. I don't want to say to you, "You should like it. Don't you want to go to heaven? Don't you want to do this or that?" I want to be able to say to you, "Fine, I didn't know that you didn't like that."

Question: I wanted to know if pointing out harmful behavior is punishment to the person.

Dr. Rozynko: I think that it very well might be. As a matter of fact, I think we look at a lot of the work that goes on in encounter groups as quite harmful. We look at the consequence of the response, though, the consequences of the behavior. If you point out something, if you make a noise, you say, "This behavior is harmful." The question is: How likely is that to change the behavior? For example, if you are living by a busy street and your child runs out into the middle of the street in front of a lot of cars, most likely, for his survival, you are going to have to punish him to suppress that behavior. Otherwise, you won't have much time to positively reinforce him. I would punish in a situation like that; there's no question about it. You may be faced with a similar problem in having to point out undesirable behaviors.

Question: I am bothered by the control of this method.

Dr. Rozynko: I guess I don't know what you mean by control, but go ahead.

Question: Is it helpful to have such a protected or shielded environment? What will control the behavior outside the institution?

Mr. Swift: Well, we're talking about doing it right here. We're controlling each other right now. You're controlling me or us, and we are saying that as long as we say control occurs only in an institution, it's not helpful.

We are teaching people in our program all the things that clinical psy-

chologists would be using, particularly in modifying behavior. For instance, a person who graduates from our program would be able to modify people in their environment, able to start assertive training, neutralization, and all the other things that we have been talking about here. We are not trying to get people to do what we're doing right now--talk to a large group. We're trying to get them to be successful with small groups, groups of three people or less. This is where most people are living most of the time, so the group procedures are aimed at small groups. Our students participate in practice sessions where they go over and over much of the material we presented today. These are the things we want people to say, not just from printed stimuli, but out in the environment.

Dr. Rozynko: We have shown you two techniques. We talked about several others--including neutralization or desensitization. (Ken and his wife Josephine are also developing a programmed set of operant texts for use in daily life.) My philosophy, the way I look at the world, is that there will always be problems. As soon as we solve a problem, we will find several others. Thus, it's always a developing program. We are continually developing techniques. Perhaps about two months from now we will have another one to add to our armamentarium. A year from now we will probably have four or five other things to show. No program is complete. If anyone regards any organization or any program as complete and able to do the job, particularly when it relates to human beings, he is sadly mistaken. I think that this way of talking about programs has really, really serious ramifications for the way people relate to organizations and the way that people relate to one another. An organization, particularly one that deals with people, must, in the first place, admit to the fact that the available truths, the responses that it has, are inadequate to meet the job.

We have to be able to say "I don't know." I can say we don't know right now where we are going to be a year from now, and a year from now I can predict that we won't know where we are going to be a year later; but we are surely going to be different. The only thing that is important is that we obtain feedback as to the effectiveness of our present techniques, develop others, get feedback as to the effectiveness of these techniques, and so forth. There has to be a continual development and a continual feedback and evaluation of what you're doing. If you don't have this, you are soon obsolete.

Mr. Swift: We don't use the covert sensitization that you were talking about. We don't try to get someone to talk to himself about what he is doing right now or about painful or terrible outcomes. For instance, if I take a drink right now and begin telling myself I'll probably go on a binge, I'll probably get sick, I'll probably get picked up, or I'll probably lose my job--what good does it do? We don't talk that way. In fact, we go the other way. If you take a drink, you have simply taken a drink. We stick to what is going on.

Question: If one of your students gets drunk, didn't your program fail?

Mr. Swift: It may very well. In fact, that's what we're saying. The problem is in the environment. Students don't fail (if you're going to use a word like "fail"); systems fail. Often when people don't like our approach, they say we're reinforcing responsibility and things of that sort. We're not. We're holding the environment, of which all of us are a part, accountable. We're not saying that one person screwed up. Under those circumstances we do reinforce the person in blaming the environment. By the way, in the warming experiment, most people generally congratulate the individual who is blindfolded, rather than the person saying the "warms."

Dr. Rozynko: Let me add something. None of these gentlemen who were up

here had experienced this before, so there was a tremendous disadvantage to the environment in which we placed them. Nevertheless, if we had changed the environment, if we had created an environment appropriate to the individual, then there would be no failure and there would be a minimum of punishment. Looking at schools, if a child doesn't learn, some people say, "That lazy kid didn't learn." We say, "No, it's not the kid; it's the school. The school does not provide the environment wherein it is likely that the kids will learn." We always look at the environment because that is where the control of behavior occurs. If the child does not learn, he obviously is not reinforced to learn; the source of reinforcement in the school comes from the school and the teachers.

Mr. Swift: We are talking about reducing the amount of punishment. We are not suggesting at this stage that we can eliminate it entirely. So we limit an exercise to two minutes, because that is less punishing than carrying it on. Stopping it may also be punishing. We're talking about the lesser of two evils, and we're trying to deal with the environment. If we've got the environment together, there will be less conflict. Yes?

Question: Why did you have every person in the group do the experiment?

Mr. Swift: I'm not sure. In our environment, we talk about not knowing. We have a great deal of difficulty saying, "I don't know." I don't like to say "I don't know." I'm not trying to be facetious. I don't know how it happened that we went through it that many times right here. Generally there is a process where, as a function of modeling and everything else, you would see the variations in performance. You would see that some people would follow the person and actually look; other people stand way back here unable to look, never knowing when they are reinforcing the right thing. You normally would be able to see great variation. For instance, some people are able to say "warm" loud and clear; other people can hardly say "warm."

Question from a group member: Are our alcoholic and drug problems the result of our home and parents?

Mr. Swift: To an extent, parents and the home are the environment. The only thing is that we are not hypothesizing a bad guy. Ours is a non-demonic system. We're not talking about blaming some group of people who have some kind of ulterior motives; we're talking about people behaving as humans do. That is, as a function of the way people are "built," they will move away from aversive stimuli. That particular characteristic also makes it highly likely that we will learn to punish other people because that's what will get their attention. The hangup is that to use positive reinforcement takes longer. The effect of punishment is now. When we are in tight spots, most of us want to get out now; we're not "into" delayed things and what's coming up next year. The results of positive reinforcing generally take longer. Yes?

Question: Are these men in your type of program?

Mr. Swift: These gentlemen volunteered from right here in town, and this was their first time. As a matter of fact, that's what our program is about. We didn't say it earlier, but the one word description of our program is "assertion." This is not simply an adapting type of thing or an adjustment therapy. What we are talking about is changing things. If the environment has things that you don't like in it, change them, but not with punishment.

Question: Do you use any type of punishment to remove negative behaviors?

Mr. Swift: Certainly punishment occurs within our environment, but it is not programmed. It is not planned or scheduled to remove behaviors. Instead, we teach that positive reinforcement is all around us and that in order to obtain it we have to make certain responses. That's why we call it O.U.R.

In fact I like Omnipotent Ubiquitous Reinforcement or Reality. If you initiate behaviors which are positively reinforced, the other behaviors will fall out. People don't really like to bang their heads against a wall; it's just that that's the way they have learned to turn life's shock off.

Question: How do you change people who punish, i.e., say the wrong things?

Mr. Swift: People say the wrong things to others and also to themselves. We say things, respond to them, and determine in part how others feel by what we say. For instance, if I drop and break a bottle of milk, I can say "I screwed up" or I can say "That is what happens when bottles drop at this height on this type of surface" and walk over and get the mop. If I have a different history, I can say, "I'm always clumsy, I can't do anything right, I'm always a wreck." The event is the same event, but what I say is completely different according to the environments that I have been in. You don't necessarily have to change this particular event; what you have to change is what I'm saying about it.

Our normal language says, "I should not have done that, I should have been more careful; in fact, I should be another person; I should be in another universe." But this universe is the one I'm in, and I'm me, so nobody else can tell me that I have to be somebody else. Think what kind of freak-out that can get you into. Somebody is telling me I ought to be eight feet tall when I'm only five feet eight inches; I ought to be green when I'm blue; I ought to be in Miami when I'm up here. That's what people are doing to each other all day long, but they call it information or communication. They keep on telling everybody that they ought to be some other place. I say, "Here's where I am; if you don't like me here, 'warm' me over to some other place, but don't 'beat' me over there."

So we don't "beat people over there" when they punish us or when they say the "wrong" thing. Rather, we reinforce them, pay attention, compliment them when they talk the way we like them to talk. We also model the behavior we like to the best of our ability. In addition, we provide occasions for our students to talk to others about the program and to practice talking the way we want them to talk.

Dr. Rozynko: The problem doesn't end with our program; it is enmeshed within the greater society. Many of our students go out and find a job in a very rough labor market but many times they displace others who are less assertive. But while our students become more successful, the social system has not changed and the causes of social dysfunction still persist.

VALUES-ORIENTED APPROACH TO DRUG ABUSE PREVENTION EDUCATION

Dr. George Demos

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and Psychologist at the Center for Psychiatric and Psychological Services
Long Beach, California

and

Mr. Herbert Brayer

Director of Drug Abuse Prevention Education
Orange County, California
and Member, California State Inter-Agency Council on Drug Abuse Prevention

Dr. Demos: Before I begin, I would like to talk just briefly about what empathy is; and I think you know what it is. Having been through this program and having observed the outstanding presentations this morning, you must realize how we feel following those acts. Herb and I said, "Boy, this is going to be a tough one." The one thing that we do have, however, is a system that might be something of a diversion from what you have had. Namely, we are primarily concerned with prevention. I feel that this is really where it is at. Most of us have had a lot of experience working with drug abusers. I have worked in a variety of settings and a variety of therapeutic modalities with a modicum of success. I think we have reached a point now where, in terms of expenditure of time, people (at least the West Coast) are really sold on prevention, because of the extreme difficulty of reaching a lot of chronic drug abusers.

The various techniques we have utilized, all of which have been somewhat successful, still have not generally been able to compete with the magic in those little pills or whatever the drug is that people are chronically using. We have used everything--hypnosis, medication, etc. We have attempted marathon encounters and a wide variety of modalities, all of which, as I said, have had a modicum of success--nothing to rave about if you really look back at the tremendous difficulty of turning people away from a coping mechanism that they find to have a considerable payoff and satisfaction for solving many of the problems that they are faced with.

I was tempted as I came up to talk about whether or not we really do have a drug problem, despite the fact that in some communities in California 90 to 95 per cent of the young people have experimented with one type drug or another. Talk about epidemic proportions! That's really where it is, and one of the communities that we were involved in had this type of problem. We were not quite sure about percentages, but we realized that there was a tremendous problem back in 1967 when thirty-seven young people from prominent families in the community of Coronado were arrested for drug abuse charges. This presented the community with a difficult problem to cope with. What could we do to turn these young people away from drugs?

Most school districts attempted to get a crash program. They invited some of the best psychiatrists and psychologists; they attempted to have a few movies and deluged instructors and counselors with materials that would turn people away from drugs and toward wholesome activities. For all intents and purposes, these programs failed. They really did not reach the number of

young people that we thought they would at that time. We feel today that these programs are not generally very successful. The kinds of materials and films that are available in many cases seem to turn young people to drugs. They offer a challenge of sorts. I understand that this is particularly true in New York with heroin. You can actually build a case for it where young gang leaders will be attracted to it as a challenge that they hope they can conquer. The kinds of challenges that we were able to provide were not too great, not in terms of alternatives at least in that early stage in its development.

What I meant to say was: Is there really a drug problem, or is it a mental health problem? More and more we are beginning to think that drugs are nothing more than tension. We really have to look at the problem in greater depth. This may not be a revelation to you; it may not be a new concept. It was new to a lot of people earlier in the days in which we were first working with it. We need to look at all kinds of behavior--not just drug abuse. Drug abuse is simply a piece of an iceberg in which poor mental health is the main problem; and perhaps we can look at and use drug abuse as sort of a carom shot really to get to the whole big issue of ways of coping and ways of helping people with their many mental health problems and difficulties.

In this sense, drug abuse has helped us in the mental health field by getting us additional funding (still only minimal, to be sure). Recently I had an opportunity to talk with Senator John Tunney, and his support for drug abuse was adamant and remarkable. However, if I were to tell him that he could support mental health, it's unlikely that he would be able to come up with the kinds of support and kinds of legislation that he is working toward at the present time. But he can get behind this horrendous problem of drug abuse that is facing our country today. It's a symptom and not a cause, and I think that is awfully important for you to remember.

Many of the drug abusers that we have worked with appear to be more inter-directed people and use drugs as a coping mechanism for their defenses. Outer-directed people in many cases refer to activist types of activities; in my experience at the college level as the dean of students I had some first-hand experience with the types of activists at the college level and the types of drug abuse as well. It appeared that this was not the predominant coping mechanism for activists (at least those that we worked with on the West Coast). On the other hand, more inter-directed people were coping in the best way they could by dropping out with the magic in those little pills. I think it is awfully important, too, for us to remember that there are two different kinds of drug abusers in the adults and the youngsters. In fact, I used to give this speech by emphasizing that I am talking to an audience in which 95 per cent of the people used one drug in the past 24 hours without a doctor's prescription and in which 75 per cent of the people used two drugs and probably 50 per cent of the people used three to five drugs. Many people were aghast to hear about this type of audience, but really I'm talking about you people, the adult drug abusers. Many of you use a wide variety of drugs, and certainly you have a tremendous impact on young people. This is the real crux of the problem, and we will talk about ways in which we can cope with it in terms of preventing it.

Look at the impact of alcohol, the number of alcoholics, the impact of a wide variety of patent medicines. Just open your medicine cabinets and you will see what I mean. Many of you take a pill if something is wrong, regardless of what it is; the impact that this has on young people is very profound. Look at your own life within the past twenty-four hours--the amphetamines, the barbiturates, the sleeping pills, the diet pills, the alcohol,

the caffeine in coffee and tea, the cigarette, the nicotine--all of which are drugs. Very serious drug problems arise from the use and abuse of these drugs. So this type of drug abuser is one. I think we must come to grips with him if we are going to have any kind of impact on bringing about preventative programs for young people.

I think the impact of role models is extremely important to young people. Too frequently they have too few role models, particularly in our society with the absence of the father and the absence of many models that young people are searching for. I can't help but ask you to read The Greening of America by Charles A. Reich if you haven't already. There is one particular page in it that has great import, as far as I was concerned at least. It had to do with a typical type of party, which Reich referred to as "plastic." He said,

> Consider a social event among professional people--a dinner, cocktail party, garden party, or just a lunch among friends. Everything that takes place occurs within incredibly narrow limits. The events are almost completely structured around conversation. No one pays any sensual attention to the food, the mind-altering experience of the drink, or to the weather, or to the nonverbal side of personality; the people do not listen to music together, or lie on the grass and look at the sky together, or share food, or sit silently and exchange vibrations. They do not talk about philosophy or subjective experience. They do not strive for genuine relationships, but keep their conversation at the level of sociability, one-upmanship, and banter, all of which leave the individual himself uncommitted, and not vulnerable. Above all, there is no exchange of brotherhood and love. Why not? There is no law against any of these possibilities, no employer forbids them, no file threatens to expose them. Professional people are so deeply in their roles that they simply cannot imagine any of these other possibilities; they may look sophisticated and free, but they are painfully stereotyped and constricted; to get them to stretch out on the floor and listen to music is to ask the impossible; for even if they wanted to, they could not bring themselves to do it freely.
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> Nor is this constraint limited to personal relationships and expression; if one overheard the conversation it would be clear that the modes of thought and purposes of a professional group are as limited as if thought-control had been imposed. They are dedicated to a certain pattern of "rational" thought, they limit their view of the world to their own specialty, and in fact they appear impervious to new ideas altogether, merely continuing to think in established channels for the rest of their lives, never allowing their minds to be startled into new realms after reaching maturity. If told there was a new philosophy or religion coming into prominence, few would be willing even to hear what it was about. Similarly, they allow their goals to continue to be guided by the tests, rewards, statuses, and honors which their world provides, never questioning these as valid goals. In short, what seems to be the freest class in American society turns out to be locked into a cage from which even the desire for real freedom seems to have fled; the party is a dull affair.

This particular passage had an impact on me, because all of us have attended parties of that type. This is the type of thing that, at least where I come from, young people are turning off. They are turning on and looking for new experiences, different types of experiences, enhancing experiences, and many times resorting to drugs which are in fact destructive and not very enhancing, creativity-producing.

I could go on with this aspect of it, but let me get into the Coronado program itself. Let me give you a little separation before Herb takes over, and talk a little bit more about how this thing started, where we went, and what successes we have had. And let me emphasize that the program does in fact seem to work. All the instrumentation that we have used, the studies that we have made in terms of indications of reduction of drug abuse, reduction of high-risk behavior--not just drug abuse but high-risk behavior--and other types of antisocial behavior appear to be resulting from this particular program. It was developed primarily by Herb, with the help and aid of a group of consultants.

As a result of the widely publicized bust in a highly prestigious community in Coronado, California, a community in which 85 per cent of the graduates go on to colleges and universities, and faced with the reality of having few proven precedents to follow, this board of education called upon the superintendent and as many experts as they could get together to develop a program which would prevent this type of thing, the bust, from happening again. No noticeable effect was apparent as the result of most of the crash programs that were given--the health education program, lectures, and so on that usually are given in school settings.

It was at this point that the school superintendent decided something effective had to be done and presented an open-end, three-year, innovative project to the state educational officials and inquired about the possibility of funding under the Education Act of 1965. Despite the open-endedness of the plan, it received almost unanimous support, and at that point a search for a director was begun. Herb Brayer, a man of immense and diverse talent, was called. Just prior to that, he was, of all things, executive director of the Riverside Medical Association. With all of his diverse experiences, he also had much experience in administration and with drugs, with doctors, with types of problems that we were going to have to face. Fortunately for the Coronado project, Herb was called in to put his unique talent to work, to develop this innovative program.

To help establish the phases of the project, a board of counselors or consultants was selected, and this board was made up of a wide variety of specialties--people from the universities and colleges throughout the southern California area in particular. Anthropologists, economists, psychologists, primarily psychologists, sociologists, and a host of other specialists, couselor-oriented people with some knowledge of drug abuse were called in. These people were specialists but not necessarily drug experts.

The three-phase project was developed by Herb and this group of consultants at this point. The first phase was an intensive one-year study of the causes of drug abuse, made by working directly with the young people involved. This was a very important aspect of the project; and if any of you are attempting to develop this type of program, we feel it is important for you to know your young people and know the area in which you are working. Herb will talk about the many hours we spent interviewing young people, taping their talk, having group sessions, having an opportunity to find out what it was really like, what was happening with these people in this particular community.

The second phase was the development of a comprehensive curriculum approach from the facts found in this intensive study of the drug culture. The young people themselves had a great deal to do with the development of the curriculum materials, in terms of its credibility, in terms of its usefulness, in terms of whether or not it would turn young people on or off. We used straights as well as users; we were able to bring them together and

tap their brains and creativity in terms of developing a program that was really innovative and vibrant, dynamic.

The third aspect of the program was that of carrying the curriculum to the classroom, following the development of materials, approaches, strategies, and the techniques to be used. This essentially was the first aspect of it. However, the most important aspect came later--almost by accident. Herb is going to talk in depth about that technique. The information-generating first phase actually lasted for three years; the results far surpassed our expectation. In summary, let me go over a couple of these concepts. Some of those concepts were pre-conceived, were wiped out, while others were added that formed the firm basis of the on-going school and community phases of this project.

The first revelation was that drug abuse was not a minority problem, as many people had thought of it in previous years. Secondly, drug abuse was not just a problem of children from low socioeconomic families. Thirdly, drug abuse was not just a problem largely confined to youngsters from broken homes. Drug abuse was not just a problem of children from homes where the mothers worked or from one-parent homes.

Drug abuse was also a problem of children from so-called good homes. Drug abuse was also a problem in homes where there were religious values and religious homes as well. Drug abuse occurred frequently in homes with professional parents and in homes with parents of high political, social, and economic status. Drug abuse occurred most frequently in families having two or more children.

We'll talk about that--children turning on brothers and sisters. Many children or young students are introduced to drugs by their siblings--college students coming back with drugs, turning on high school students; high school students turning on junior high students; and junior high students turning on elementary school children. In this particular study we found twelve third graders who were chronic users of marijuana. I'm sure there were many more. These youngsters were turned on by their older sisters and brothers.

There is a definite relationship--and we found this to be the case in our statistical follow-up--between drug abuse and cigarette smoking and the use of alcohol by parents. I'm sure that my earlier comments in terms of how we utilize drugs and the impact it has was shown to be factually and statistically high in terms of its correlation. Schools and teachers are frequently part of the drug problem, rather than of its solution; and we will talk about why that is the case as well.

Probably the most important finding of this particular year study was that drug abuse did not have its origin or initial experimentation in the high school or even in the junior high school. The initial decision day for many of the young people that we investigated occurred on the elementary school level. This was hard for most of us to believe. We thought it happened at the college level or at the high school level, occasionally at the junior high level. To find it at the elementary level was flabergasting to us; but it convinced us all the more that we really had to start early, right when the youngsters walk into that school setting, right at the kindergarten level. At least as low as the third grade. This realization caused the first real change in the program--the restructuring of our basic impact at the elementary school level from kindergarten on through high school.

In carrying out the project, as I said, we interviewed some 467 secondary students for anywhere from twelve to one hundred hours; we worked with them in extremely in-depth interviews and in one-to-one relationships as well as in groups of eight or ten. While initially past-oriented, each group was

free to develop its own sessions as well as related subjects. Out of these came the realization that drugs were not really the problem. That was another astounding insight. Despite the fact that a large percentage of young people were abusing them, drugs were not the real problem. The drug thing was just a piece of the iceberg.

In the basic causes for drug abuse lay the answers to almost all of the other youth problems and mental health problems. Therefore it became necessary for us to develop a different thrust altogether. The second most important conclusion was that the current, strictly cognitive approaches had almost no discernible effect. We went through several weeks of these programs, and the cognitive approach (information-giving, helping people understand the dangers, etc.) did not make any discernible change or effect in terms of reducing drug abuse in this particular community. It had to be in what we call the affective domain as far as we were concerned. The students turned off the adult approaches, no matter how well-intentioned; and the reason was simple: the young people just didn't believe us. We had lied to them so many times about drugs (we've lied to them about marijuana, and perhaps we've even lied to them about heroin and other drugs) that of course they had turned us off. They had found and heard things that all of us need to become familiar with, in terms of being more authentic, more genuine, more human. It was at this point that we jetisoned our initial project. We said, "We're missing the boat altogether. Let's stop and look for something else. This is not going to do the trick. Strictly working with curriculum materials, strictly working with the educational approach, is not the answer."

So after a two-day brainstorming session, all of the consultants as well as staff and teachers and students decided that a value-oriented approach would be the one that we would use, involving the Laswell-Lucker findings. This is essentially the heart of our presentation today. This is the value-oriented approach to teaching young people at all levels that has been so successful, that started in Coronado and moved on to districts throughout the country. This plan involved the Laswell-Lucker findings and categories of universal needs and wants or values. Dr. Dick Carney, who is now a professor at Eastern Kentucky University and who has done so much in smoking research in the past, was one of our chief experimental psychologists in all of our statistical work. He devised an instrument known as the Carney Risk-Taking Test, which proved to have a great deal of reliability for predicting or pin-pointing which youngsters would be willing to take the high risks involved in utilizing drugs, as well as other types of behavior. We were able to predict them well in advance so that we then could develop programs that would counteract the high-risk, low-gain types of behavior. The latter permitted us to measure objectively the risk-taking potential, the attitudes, and behaviors of students from the fourth grade on, long before most of them actually became involved. It provided us with inside information on how each student perceived risks gained and favorable alternatives and behaviors. It gave us the raw data on which to build the effective approaches in this affective domain.

Our problem, of course, was one to present our findings in simple, understandable, believable terms to the board of education, an unbelievably prosaic, conservative body, a narrow and constricting board in a community in which the John Birch Society and many other revolutionary conservative groups are very active and very strong. You cannot mention sensitivity training or a marathon or any type of group process whatsoever in this community without the people really getting upset. We really had to be innovative to develop the program that would be effective. I believe our findings prove that we were. We had to convince not only the board but also the

community. There was a great deal of static at first. It led to investigations all the way up and down the state. Who are these radicals coming down from other parts of our community and attempting to teach values--whose values--and modify behavior? They wondered what this was going to do to property values, what it was going to do to a host of other things. But somehow we got through--at the expense of Herb's health, I'm afraid. (He suffered a heart attack as a result of the tremendous abuse that was heaped upon him in attempting to put forth this very effective and very admirable approach.)

We did win out primarily because the sensible and good people in the community came to our defense, and we communicated with them in terms of what we were really trying to do. They took on this other group for us and kept them off our backs. We had an advisory board of over one hundred people, some of the most outstanding people that you could possibly find, and whenever we ran into a newspaper article or a speaker or somebody who was out to get us because of what we were attempting to implement, some member of our advisory board or some group would take on these individuals, confront them and follow through and explain the program to them--not in a threatening or derisive way, but in an attempt to sell the program. Some of them were really converted to it; many of them just dropped away in terms of their opposition to it. This is, I think, an extremely important approach. All of you in your own community must enlist the support of sensible, reasonable people in terms of bringing about change in that particular community. When I mentioned this to Herb in the early days, and I said that we needed an advisory board, I thought he'd go out and recruit an advisory board of five or six people. When I came back the following week I found out that he had enlisted over one hundred people to the advisory board. Well, it was a stroke of genius, because these one hundred people proved to be formidable opponents to those who were really out to scuttle this program for weird, bizarre, and frankly sick reasons.

At this point I am going to stop, and I'm going to turn it over to Herb and let him, with his projector, have a chance to follow through and show you what this valuing approach is all about. Hopefully, you will be able to ask us some questions later. We'll follow up if you are interested and be able to give you a lot of material on it. We're just giving you the headlines, the broad scope of this particular approach. We have workshops; Herb, in particular, conducts them for teachers, for community involvement, for parents. It has been a wholly new and innovative approach to turn on the community to finding healthy alternatives to drug abuse and to prevent it from actually occurring at the initial stages of development. Herb.

Mr. Brayer: Thank you, George. I must go back and find out who this Herb is so that when he gets back, he will get a raise in salary. I'm a little bit dubious about this kind of audience seeing the presentation we're about to give you, but you are all parents or parents-to-be. I hope you will understand that what we're about to show you is the type of a presentation that we make to public schools, to boards, and to the general public. The problems George has been talking about are rather far behind us now. This program is in twenty-three different states. We have literally thousands of schoolteachers now in workshops in a number of states, and we are receiving data from our research board which worms through all of these statistics to show whether we are indeed having any effect. One thing George didn't tell you was that, when we started this project in the community he has described so aptly for you, my superintendent forgot to tell the Chief of Police I was there and starting the program.

We had insisted that if we were going to work with youngsters, we

couldn't do it in a school situation; we had to do it away from the school. So we took an apartment across the street from the junior high school, and we could have as many kids come in there as we wanted. We could get them out of school; we could keep them there all night; we could do anything we really wanted to do. Before we had set up the project, we had had long discussions with the mayor and the chief of police and the attorney general of the state and the district attorney and so forth, and we thought everything was covered. All but one thing. The superintendent went fishing and forgot to tell the chief of police that we were starting. The first two days the trek of people up my staircase into my apartment was something to see. How was I to know that the lady downstairs was the mother of the chief of police? I didn't. So to my utter surprise, I got busted; and the kids who had been coming up were standing across the street when the black-and-white came up and invited me to go to the police department. After that, I was no longer a narc and they were perfectly willing to talk with me. This was really quite a fortuitous accident.

The experiences involved in the research work alone over the past five years now fill volumes; this is just one. By the way, you are going to see some things on the screen that you may want to copy. Don't bother. Anybody who will send us a request for material on his official letterhead will get it. The care package, as we call it, weighs about ten pounds; and materials are in the public domain and available for use. What we want to show you now is how this is sold in the community, and the reason we want to do it is that theoretically most of you are looking for some kind of a program that will work. Nobody can guarantee that a program will work, and you can't pick up somebody else's program and just say, "Let's do it." You have to adapt it.

At the moment this program is operating in twenty of the districts in California with over 200,000 students. It is now operating in Arizona, Utah, parts of Illinois, Minnesota, New York, and a number of other states. For the benefit of those who are from law enforcement, we have had the most wonderful experience with law enforcement that you can imagine--except for being busted the first time, of course. They stayed out of our hair; they gave us every opportunity; they never once did anything except support. At the present time, we are financed by the California Council on Criminal Justice, and a number of our other programs--at Palm Springs, up in Marin County, and in the Oakland and Heywood areas--are under California Council on Criminal Justice grants.

The reason is obvious. We had an epidemic, an epidemic like no other epidemic that we have ever dreamed of, and it is still going on. Our law enforcement people soon became convinced that there was nothing they could do about it. When the chief of police in one of our largest communities got up before an audience of about three thousand, he said, "Double the size of my police force, and I'll double the number of kids that I can arrest; triple it, and I'll triple the number of kids I can arrest; but you had better think about it first, because after you do that, you'd better double the size of our jails, of our juvenile halls, of our juvenile camps, of our juvenile courts, and all the rest of it. Where are you taxpayers going to get the money to do it?" The answer isn't in the law enforcement and arrest area, not as far as prevention is concerned, anyway. The answer lies in education, and so we organized in this fashion.

Under a county board of education we have two committees who serve as the operating committees of the Drug Abuse Prevention Education Center. The one committee is made up of a designated representative who has to be an administrator from each of the thirty-four districts. They meet monthly. On

the other hand and with equal authority is the advisory committee, as it is called, made up of the director of public health of the county, the director of public welfare, the director of mental health services, the director of the probation department, the juvenile judge, the district attorney, the public defender, the president of the medical association, the president of the bar association, the president of the pharmaceutical association, the sheriff of the county, and a representative of the association of chiefs of police. If they sound like a straight group, they are. But they are the most cooperative group we have ever had, because they are the ones who are out selling the program. The rest of us just have to work it.

The purpose of the center may come as a surprise because you are beginning to see that drugs are not the problem. I'm going to sit down so you can all see these things. Our purpose is: to assist the Orange County School District to develop a program through daily practice of indepth and effective decision-making skills, to formulate healthy and satisfying attitudes and enhancing values, to learn to cope adequately with personal problems through personally fruitful and socially acceptable alternatives, to understand the dead-end character of abusing drugs and engaging in similar high-risk and low-gain behaviors, and, lastly, to become committed to an increasingly strong personal sense of responsibility.

We have gone a long ways since the days George was talking about down in Coronado, because we now are dealing with half a million students rather than the three thousand students we started with; and so some of this material may be new even to George. When we started, however, as he said, the one thing that really bothered us was that nobody really knew the facts of why kids turned on. What lay behind this cause? Everybody thought he knew, but the theories were adults' ideas. Nobody stopped to ask the kids at all. After we had had our fling in trying all the traditional programs--crash programs and what not--we decided it wouldn't work. If we were going to find out what we were dealing with, we had to work with the youngsters. So we set up this program we have described for you, initially working with 467 high school youngsters. We went on for three years, but at the end of eighteen months we had over 700 youngsters (high school, junior high school, and elementary).

When we had finished, the board of counselors met (and George didn't name that board; he was chairman). It was made up of some of the most outstanding men in the country in various fields. We compared notes. We had gone through over sixty thousand hours of taping and group work with these youngsters. Our colleagues spent days, weeks, listening to these tapes, trying to discover the underlying causes. We have been involved in twenty-three states since then, and we have all compared notes. In fact, we all met in Chicago a year and a half ago, and we each brought our set of what we considered to be the underlying causes of drug abuse, information we had gleaned from working with the youngsters themselves. Out of twenty-three states and the various scientific studies that had been set up, we had the identical set, with the exception of New York, which had our number two as its number one and our number one as its number two.

I'd like you to take a good look at these, because the key to what we are talking about in prevention lies not in your ability to accept what the kids have said, although you'd better if you expect them to believe you, but in your ability to note the types of things that are the basic causes. Curiosity, certainly, is one of the prime reasons. Others are peer group pressure, insecurity, boredom (and those of us in the schools are guilty of this), affluence, permissiveness, escape, rebellion, failure, lack of models, and mental and physical problems. As you look at these, do you see anything in

these underlying causes that could be cured just by talking about drugs, just by giving kids information and facts about the effects drugs have if they are abused or misused?

What kinds of causes are these that young people agreed lead them to experiment with dangerous drugs? Take another look, and remember you are looking at what over 700,000 drug users in high schools and junior high schools all over the United States have agreed upon. They have named these causes in information-generating or psychological interviews. Read the reports from Ohio, from Minnesota, from Wisconsin, from New York. Many of these are out now, and they are not just surveys. If they are surveys, discount them; but look at the scientific reports made by competent authorities who have been working with youngsters, not for a week or a month or a year but over a period of years, to see just what the story is.

If it is true that hard line facts do not change students' minds, then the underlying causes can only be attitudinal--having to do with emotions, feelings, and personal reactions. Look again and notice how each of these causes has to do with personal feelings and with reactions, not with facts at all. I have a very direct connection with the largest facility of its type in the west, California Rehabilitation Center, where we have thousands of young people who are addicts. Strange as it may seem, they know more drug facts than all the rest of us put together; they know more about drugs than all the doctors in California know, but every one of them is an addict. If facts would change them, why are they still addicts? Let's go a step further. Let's look at the people in this room, for example. We won't turn the lights up and embarrass anybody, but you know that at least one-third to one-half of you in this room smoke cigarettes. Yet there isn't a one of you in this room who doesn't know the facts concerning smoking and its effect. Over 300,000 people will die in 1972 from the effects of smoking cigarettes. (If you want to check that figure, just check it with the surgeon general of the United States.) You know this, but you go on smoking anyway. You know the facts about alcohol, but you still drink alcohol. So if knowing facts can help, why haven't we stopped? Our children are merely mirror images of us.

The real problem is for us to stop now and to attack the real causes of drug abuse and other high-risk behaviors. You aren't going to find the solution to the drug problems by presenting facts concerning amphetamines, barbiturates, LSD, marijuana, and everything else to kids. Teaching them symptomology or pharmacology just won't work. It never worked with us. Why do we think it will work with them? If education is going to prevent drug abuse, it's going to have to deal first with attitudes, then with behaviors which result when attitudes become decisions to act.

In presenting this sort of thing, we try desperately not to be very psychological, because most of the people to whom we present this material are not psychologists. We could give you a very persuasive lecture on where attitudes come from and where behaviors come from and show you the relationship, show that there is no behavior except as the result of attitudes. Decision-making skill is a third thing that we are going to have to deal with, so that every student can learn how to make decisions that will enhance rather than harm him. I want to make another observation on the side here. In southern California the average age of turn-on is between nine-and-a-half and eleven-and-a-half years of age. If that comes as a shock to you, I am sorry, because nine-and-a-half and eleven-and-a-half years of age is when we see our children having their first D-day, their first decision day. The thing that we have to remember is that on that decision day, you won't be there; their fathers and mothers won't be there; no policemen will be there;

their minister, preacher, rabbi won't be there; no representative of the adult, so-called stabilizing world, is going to be present. The only people present are going to be one, two, three, four, or more peers, and the youngster has to make his decision.

On what basis do we ask the nine-and-a-half or eleven-and-a-half-year-old youngster to make his decision? There are only two bases for his decision. One is pure emotion. "I like you, it's fun to be with you, you're where it is, you say it is fun, and I'd like to try it; if I don't do it, I will be labeled a narc or I'll be out, unable to stay with your group, so maybe I ought to do it." Between seven and eight out of every ten make their decisions on that basis. On the other hand, the only other way that they can make a decision is to base it upon skills which they have learned, hopefully at home, before we ever get them at age five or six in kindergarten, in the public schools of California. I don't know what your age for drug prevention in Georgia is; but we can't assume anything any longer, so we have to start at the kindergarten level and use the lead time that we have between age five and that D-day to build in decision-making skills so that the youngster can actually arrive at the decision quickly, instantaneously, just like you make decisions. Properly prepared, he can say, "I don't need it; I don't want this." You'd be surprised to see that there are second, third, fourth, and fifth graders doing this sort of thing and practicing these skills on their own.

Let me tell you a story. Back in 1941 Harold Lazwell at Yale, who actually at that time was a political scientist, was asked by the government to make a survey as to why certain types of behavior happened in the State Department of the United States and in other areas. He surrounded himself with a group of young men, all of whom had done post-Ph.D. work, who were anthropologists, psychologists, psychiatrists, sociologists, and educators; and they began to make a study of behavior. Their study was different from anything that had been done previously. There was nothing really new about it, but it was conducted in a different manner. When they finished, they came up with a conclusion that was based upon research conducted not just in the United States but all over the world; and they found that man had eight universal needs and wants, without which no man has ever lived and no man can live.

Take a look at these eight universal needs. How you prevent drug abuse or any other activity now will become very important to you. It was this that made Mr. Hoover and others in law enforcement, who were looking for a method of prevention that could really work, suddenly decide that this was something that would be worth financing. That was five years ago.

All behavior, including drug abuse, is a result of these needs. The interesting part about them is that these universalities are common to every man, woman, and child, regardless of race, creed, or origin, regardless of place in history. (It has been most interesting to read the reports of people who have gone back and made studies on Egypt and the pharoahs, of the tribes of the South Pacific, of the recently discovered Stone Age tribe in the Phillipines, and of several other ancient civilizations and to find that every one of them has exactly these same needs and wants.) Some want or need more of one than another, but each one wants and needs some of each one. There isn't a one of you in this room, if you will be honest with yourself at this moment, who can't recognize in yourself the need for each of these eight universalities. So along with food, clothing, and shelter, add the satisfying amount of each of the universal needs.

Remember that these are a part of you. They come with you in your genes, the same as the color of your eyes, and hair, and so forth. They

have to; there can't be any other way, scientifically, for every man and every woman to have exactly the same needs in different traces. If you can't satisfy them in the normal way, you still have the need to do so; and you must cope with it. You have to find an alternative behavior that will supply the need, and if no readily acceptable alternative has been learned, one that satisfies your needs (that comes first) and is also socially acceptable to your fellow men (that is second), you will nevertheless find one that does satisfy your need, because you must. It will not necessarily be acceptable to all others.

Let's look back at those needs again, because you need to take a good look and see how you relate to each one. Affection, respect, well-being--all the words are there. There are a couple that probably need to be explained. Power (by the way, this is a very shortened version) really means to youngsters "to have influence with, to have a say in" anything that affects him directly. That doesn't mean that a child has to have everything he wants; it doesn't mean this at all. Power is not permissiveness. What it really does mean, though, is that from the most tender age youngsters need to have a say in those things that directly affect them; and we have been very interested in seeing the effects of this program in the classroom. Because we have a home program, the parent program has now spread, as a result of teacher efforts and the school efforts, to almost forty thousand parents.

Let's go back and look at the areas of deprivation that the students are indicating in that list of underlying causes of drug abuse. You will notice that in every single one of the basic causes that youngsters gave us --and we were able to discern from their undertaking of their drug career--that the anticipated gain far outweighed the anticipated losses. Notice that most of the anticipated losses that the young people recognized were not losses from their own peers at all but losses that they would get as a result of being busted or identified by the adult world. Just as you and I weigh the gains-risks of practically everything that we do, youngsters do the same thing; and where these gains were so preponderant, they said, "Let's try it, let's do it."

Notice that every one of the following eight basic universalities or basic needs and wants became expressed: affection, respect, well being, power, skill, enlightenment, rectitude, and wealth. This gave us our fundamental clue as to what we can do in the classroom. If our findings were accurate, then it must follow that the same causes result in all other behaviors that get young people in trouble when they feel seriously deprived of one or more of the universal needs and wants. They cope with a need by adopting any kinds of behavior that will satisfy that need. "If I can't have what I need, then I can steal it. If you put too much pressure on me at home for grades, I will cheat." And so it goes. Interestingly enough, you could get at almost all the prime problems we face with juvenile delinquency and evaluate them by this method and then treat by this method; instead of incarcerating a youngster in juvenile hall and so forth, you will come far closer to solving our problems by this method than by our present methods.

Frequently, as a result of needs or wants, youngsters did become involved with the law and became delinquent (whatever that term means in the last analysis). Thus, the answer must be to enhance everyone in his own basic universal needs and wants so that each learns to cope with his own problems in a manner that is both self-satisfying and socially acceptable. We must be educated to share these eight universal values. We call them values because youngsters are valuing, making choices between alternatives in weighing gains against risks. These are the only kinds of values that

we are talking about; and this is why they are universal. They have nothing to do with "so-called middle class values" or anybody else's values; they have to do with those eight universal needs. Curiously enough, we can take this into the barrios and have exactly the same success in the Spanish-American communities; we can take it into the ghettos, and our blacks relate to us far better with this than anything we have ever found. And why not? We're dealing with what they really need.

There are some things that we overlooked--the need for good, sound information. But we give it to youngsters in a way that makes it much more palatable, on a need-to-know basis, on a maturity basis, beginning at the kindergarten level. If you want, you can begin with a Dr. Seuss story. You all know the story that Dr. Seuss tells about Gertrude McFuzz, the beautiful drug story that kindergartners and first or second graders understand and enjoy. If you don't remember it, let me just briefly sketch it. Gertrude McFuzz was a girl bird who had one tail feather. Her girl-friend up in the other tree had three tail feathers, and Gertrude wanted to have three tail feathers like her girl-friend. She kept worrying her doctor uncle to give her help so she could get three tail feathers; and he kept sending her away, saying, "You are a different kind of a bird." But she worried him until finally one day he agreed. He told her, if she had to have three tail feathers, to fly over the hill to the pillberry tree and take one pill for one tail feather, another for a second. Then she would have two more tail feathers and be all right. So she flew over the hill and found the pillberry tree with its pills, just as doctor uncle had said. She took one pill and--pop!--out came a tail feather; she took another one and--pop!--out came another tail feather.

But guess what? Gertrude wasn't satisfied now; she looked around and saw that there were a hundred pills on the pillberry tree. She asked herself why she should have just three tail feathers like her girl-friend? Why shouldn't she soar? So she took another pill, and out popped another tail feather. She kept it up until there wasn't a pill left on the tree. She was the most gorgeous bird you ever saw in your life; she had feathers like no bird ever had feathers. She decided to go back and show her girl-friend, and then came the trouble. She found that she was so heavy she couldn't walk, couldn't fly, couldn't move. It was getting dark, and she was getting hungry; and so she screamed for her doctor uncle. He finally came up there, and in typical doctor fashion he said to her, "Why didn't you do what I told you to do? I told you to take one pill for one tail feather and a second pill for the other tail feather and stop." Then he called all the other birds to come help. It took them two weeks to fly Gertrude back to her own place, and then one by one they pulled out each feather. Finally they got her back to where she had only one tail feather and--guess what? She was happy.

All right, now you have listened to an infant story. We did this on NBC the other night with a ten-year-old. When she got through, she spelled out the lesson that she had learned from that story. No one had to tell her it was a drug story or a drug lesson. She knew what vanity was; she knew what going beyond what the doctor told her meant; she knew envy and all the rest of it. We can go through every single grade level; we have produced for the school complete units using the teachers and the youngsters, so we do not create a drug course at any one school.

I ask you to consider seriously before you introduce a special drug course into your school, because a drug course turns children and young people off. If you haven't had the experience of standing up in front of them and seeing the lights go out of their eyes, you have no idea what a drug course does. You don't need it. You have no need for it whatever, because you can teach drug abuse in every subject from the time a youngster arrives

in the morning until the end of the day. The science teacher, the math teacher, the English teacher; it makes no difference. It works. They learn it, and we test it. We have a series of instruments that were created for us by the State Department of Education and others, and we test youngsters pre-post without ever creating a drug course. At the end of the semester, they know more about drugs than youngsters whom we put into a typical drug course as a trial. Even better, they have an idea about drugs in the sense of attitudes and behaviors in responsibilities, and this works far better than any of the other kinds of courses that we tried to implement.

How do we do it? For the benefit of you school people, particularly, let me say that this cannot be done without a lot of help. It's very reasonable, doesn't cost a lot of money; but you have to remember that we in the school are only part of the solution. Actually the program zeroes in on the community and all federal agencies; and that's why I ennumerated the members of the advisory committee for you when we first started out. We have the help of all the agencies, and we coordinate with them and they coordinate with us. In our county alone we have twenty concurrent teachers' training courses going on. Eventually, by the end of 1973, most of our districts will have saturated all of their schools at all grade levels. They will use an entirely different technique to make the classroom relevant to the youngsters, to do some things I heard this afternoon which thrilled me. I haven't been up to Mendocino in about three years. We brought the former heads of Mendocino down to work with us, and they are part of our staff in Orange County. Dr. Poppy and the rest of them who started originally to work with the family up at Mendocino have helped us.

We try desperately to get teachers to see that the primary problem in education is to get youngsters to change their attitudes first. The problem is not with the youngsters as much as it is to get teachers to change their attitudes. In our teacher training courses we teach them the techniques of how to have an enhancing atmosphere within the schoolroom and what the strategies and techniques are, one by one down the line, regardless of what they are teaching. We have a great mass of material which has been created so that the teachers, who are not necessarily innovative but are good teachers, can use it. These workshops were so successful that the state legislature in Arizona (for example) appropriated $200,000 and set up a training team to go to every county; they have been working for two years to train teachers in every county in this whole procedure--a positive atmosphere in the classroom, an enhancing classroom.

We teach counselors. I didn't have time to talk to Dr. Gazda about how widespread counselors are in Georgia or in this part of the South. George Demos and I are tremendously interested in this, because one of the things we found in California was that most of our counselors have never had a course in clinical counseling. They're paper pushers. They schedule kids in and out of classes; they can tell you about jobs and about what colleges to go to; but when it comes to handling the individual problems of kids on a people-to-people basis they've had no experience or training. What we are trying desperately to do is to train counselors in this kind of skill, and we are doing it through the University of California. We train our administrators and our staffs, but we know that at that point we have only begun.

The real problem we have now is with parents. How do you get parents to enhance youngsters, to do the same kinds of enhancing at home? To do this, we have created parent workshops outside of the schools. Please note this. We do not create parent workshops in the schools; we don't want young parents or older parents to go back to school; they resent it, and we have a great many who cop out on this. We hold these sessions in homes; we hold

these in various areas other then in institutions. They are limited to twenty-four people at a time. A trained person relates the eight needs and wants, not to what we do in school but to the youngster's needs after he comes home in the afternoon, at night, on Saturdays and Sundays and weekends, and during his vacations, to everything that father, mother, and the rest of the family do and how they do it. The parents have become a part of this. One of the great thrills is that, with over forty workshops for parents going, there is not one that does not have a waiting list. Three and four times as many people as we can take in the next program are waiting to get in. The reason is obvious: at the end of six months parents, police chiefs, and probation people have come into the principal's office and the superintendent's office, and asked, "What are you doing? How can we do this outside of the school?"

The great thrill is to have parents write letters not just to us but to the governor and to legislators, saying, "This program must be expanded. This program must reach everyone." With that, we have been able to institute within the county, first on the county level, now on the state level, this program which you are hearing tonight. We have become the official program of the state of California. Under a new bill just passed, no teacher-training institution can receive accreditation after March 15 of this year unless that teacher-training institution offers a course in drug abuse prevention education. And after this year no teacher will receive an elementary or secondary credential unless that credential also carries with it the fact that he has completed the course in drug abuse prevention education. That bill becomes law within a few days.

We provide out of our office in the Center, as a practical way of doing it, in-service training workshops. We develop assessment means; we prepare and implement curriculum materials; we hold community and parent workshops. The community and parent workshops, I neglected to say, are being taken over beautifully for us by the churches and by civic organizations--the League of Women Voters, the Junior League, and so on. We assemble and distribute vast quantities of this type of material, not pharmacological material. Lastly and most importantly, I think you will want to know that we can evaluate everything that I have said to you here tonight. There are only two things in this whole program that are new; all of the other things have been done by good, innovative teachers for years. The only difference is that Dr. Lazwell and Dr. Rucker and most of the people originally working in this put it into a system that any teacher can use. Secondly, as a result of the work that has been done in the last six years, we have developed instruments for measuring the effectiveness of the teachers. We don't have to worry about accountability in this because the teacher in her own classroom can measure the effect that she is having with her students on a monthly, bimonthly, quarterly, or semester basis. At the end of the school year we can do a district-wide or school-wide evaluation based upon the Carney Risk-Taking Instrument which George Demos mentioned to you earlier.

Lastly, the basic assumptions of this whole program are as follows: Teaching facts alone doesn't build desirable attitudes, skills in decision-making, values, or a basic sense of responsibility. Drugs are not the basic problem; rather, they are merely a symptom of underlying behavioral problems that must be adequately confronted before an acceptable behavior will be substituted for the high-risk, low-gain one that provides the modicum of satisfaction, pleasure getting, or gratification of the underlying need felt by the individual. It is neither necessary nor desirable to make drug experts out of teachers, counselors, school administrators, or parents. I couldn't do that if I wanted to do it. I teach doctors in the medical school.

They have had a year of pharmacology, and they have to come back to take another course in drug abuse. If it takes us that long to handle the physicians, you can imagine what success we would have trying to make experts out of the rest of the educational world. It is self-defeating to relegate drug abuse prevention and education to a one-period per day health education course or to the usual one or two-week teaching unit, the health and physical education period, or other one-shot efforts. These are some of the commercial things that are on the field now, and a lot of districts are paying up to five and six dollars per student. Drug abuse prevention education will be successful only when sequential from kindergarten through high school and when most or all teachers are part of the program from the start to the end of school every day in the semester. While rehabilitation and therapy are of paramount importance to those students who have begun to experiment, use, and abuse drugs, the basic role of education must be prevention.

Our real problem, as you see, is to recognize once and for all what we are dealing with. If you are still "hung up" on the belief that our problem is drugs, I feel sorry for you and those you are supposed to help, because you are not going to win this battle. Education-wise we aren't going to win either if we continue with the kind of stereotyped programs that have been implemented everywhere in the United States. On the national commission I have seen 1903 in five years. We can evaluate about 2 per cent of them, but of the 2 per cent we have yet to find one that can show us any evidence of having succeeded in keeping youngsters from using drugs. Let that sink in, for that is the important thing. We can implement a dozen different things a year in the school district, spend your money like it was going out of style; but when we come to measure the success of what we have done, it will be nil. The reason is simple. We're dealing with feelings; we're dealing with emotions; we're dealing with the personal reactions of people, whether they are young people or whether they are adults. In one of our correctional institutions, we have 93 per cent recidivism, where we are spending thousands of dollars on each addict, putting them through sensitivity and all the rest. The reason is obvious. We dry them out, give them sensitivity programs, but do nothing about the individual problems. We never get around to why this person is using drugs and how we can help him to face his problems, and that's the key. With that, I thank you.

Question and Answer Period

Dr. Demos: Herb, I'm going to debate you about needs' being in the genes before we get some questions on it later. Let me say a couple of things before we open it up. We did a very good advertising study. We brought in one of the real pros, a professor of marketing up at USC, Don Kantor, who was vice-president of one of the largest advertising firms in Los Angeles, to do a study on advertising and its impact on young people with regard to drugs. We can give you this in fact if you write to us, but just let me summarize a few of the findings for you. The majority of responses indicated that peer group influence and curiosity led young people to try illegal drugs for the first time. This was done with video-taping, a very carefully controlled study using video tapes, experimental groups, and so forth. Many students felt that other young people were capable of being influenced by pharmaceutical advertising and that elementary school children were more affected by TV advertising than were older students. Students felt that advertising for stimulants and depressants could lead to misuse of the product. This was especially true of the seventh-grade students.

Fifth-grade students tended to find commercials more believable than did any other group of students; so that's right at that level that Herb was talking about. The anti-smoking campaign appears to have had a positive effect on all students, even though advertising per se may not be considered uniquely responsible for attitudes toward legal or illegal drugs. The students nevertheless feel that advertising is potentially an influencing agent, particularly where the younger students are concerned. Elementary school children tend to be most receptive and least critical of the advertisements they see. The younger age group would be the most receptive to an anti-drug campaign similar to the anti-smoking one. High school students rated school as the second most influential factor, second only to family, in affecting feelings toward drugs. Students rated school as the psychological equivalent of the peer group. These are just a few of the findings of this research study.

Mr. Brayer: High school students showed almost no effect from the advertising. When we published our findings in the Congressional Record, the advertising people picked it up and came flying out to California to get a hold of all our data. It resulted in a reslanting of national advertising for youngsters, particularly at the high school level. They were having no effect.

Dr. Demos: In fact, once you are brainwashed by advertising, although it's awfully subtle, it's there to stay. We find this to be the case with drug abuse-committed young people. With the exception of some of the innovative rehabilitation centers, results are terribly disappointing; and I'm coming to believe more and more that the traditional therapeutic hour is passe in working with committed drug abusers. Forget treatment on a once-a-week basis. We are attempting to develop a day-treatment center, and it looks like with luck we will get a sizeable grant from the California Council on Criminal Justice to develop such a center, a center where chronic drug abusers will be brought daily, be provided with a meal at lunch, and receive training, their education, as well as a host of other therapeutic modalities including psychodrama. We have one of the top psychodrama experts, Dr. Martin Haskell, working with us. We use imaginable modality in an attempt to find out which approach is best to turn these youngsters off to drugs and on to more productive means of coping. We are convinced that our efforts have to take place in this type of a setting, a setting where they will be there daily, so that you have an opportunity to work with them in considerable depth and as long as is necessary.

I talked several psychiatric hospitals into implementing such a program because frantic parents are constantly coming to us and saying, "What can we do about our youngster; we'll pay virtually anything to help our youngster off those whites or reds or whatever." And frankly we haven't had enough facilities. We don't know where to send them; we really don't know what to do. We feel truly impotent as far as helping many of them. This type of setting, this day-treatment center, will let a person go home at night, go back to his community, and not be incarcerated and not be involved with a setting that is non-therapeutic, the type of setting which Dr. Korn talked about in his lecture. The patient can go back to his home and talk with parents and get parents involved. As I mentioned, I have talked with several of the small psychiatric hospitals, trying to encourage them to use this day-treatment center concept. Many of them have virtually no success in talking with insurance companies. Not many people can afford to go to a psychiatric hospital with money out of their own pockets anymore; it's unbelievably expensive. So you have to have some type of insurance. According to new laws in the state of California you can go to a state hospital, but

you can't go to a private psychiatric hospital. The fact remains that we talked them into developing the day-treatment center in hospitals and talked insurance companies into subsidizing it in such a way that they find it is much more feasible than full-time, round-the-clock care. When they can go home at night, it's much cheaper; it costs only about one-third as much as full-time hospitalization. We can provide the opportunities, the services, and deal with them on a day-to-day basis. Finally, only two insurance companies that we canvassed would support this type of day-treatment service, so we said, "Well, if you don't support this we will just have to charge them for the full day, twenty-four hours a day, and just let them go on leave every night." Now they are coming around to this concept of day treatment, which we feel is the only feasible way in terms of success of working with the chronic committed drug abuser.

This is where we are right now. We have gone in a very long circuitous route; we've tried many different approaches; and it seems, I'm sure, that you could probably come up with a model as effective for your area--but you're welcome to use ours. You're welcome to tap our resources; you're welcome to get our materials if you'd like and attempt to replicate it in your own community. Use as much of it as you like--whether you go for our Lazwell approach or working on our needs. We're trying to get Herb to develop our own model in this regard instead of adopting one that I think we could improve on. Let me stop at this point and ask any of you who would like to pose a question, give a reaction or comment, or give us some of your thinking about it.

Question: Could we get the "care package" from you?

Answer: Yes, address it to me, please, at the Orange County Department of Education, 1104 Civic Center West, Santa Anna, California 92701. We would like to have any requests on an official letterhead. The reason is very obvious to most of you; we have to have a justification for the expenditure involved. We're glad to send you the materials.

Question: I understand how one can establish values and so forth in a counseling atmosphere but how can we do it in a classroom?

Mr. Brayer: The answer is very simple. It works better in a classroom than it does in a counseling situation because we have only a few counselors. It works in the classroom because of the manner in which the teacher teaches. The teacher has to change her mode of approach; you noticed some of it here today. We don't use the punishment concept; we use, as you heard from gentlemen this afternoon, a positive approach, an approach in which the youngsters are turned on to the academics of the course by their own wants, their own desires, their own needs, by making their own choices. It's curious. The very youngster who hates algebra--I did, and I wish they had had this back then--becomes our "algebra fiend" under this kind of situation, because he begins to understand what it's all about and how algebra relates.

Question: Is this a student-centered approach?

Mr. Brayer: This is a student-centered classroom entirely. We no longer set up rows eight desks across and five desks deep. We use group teaching and non-graded classes. We've thrown out the report cards in many areas. We had better start thinking and wanting our kids to think in terms of what they achieve, not in terms of that A, B, or C. That doesn't mean a thing, does it? "Look, mom, I got an A." What does that mean? We want the student to be measured in the level of his own achievement, at his own rate. We don't want somebody with an IQ of 95 measured against a kid with an IQ of 130.

(Question not clear.)

Mr. Brayer: Attitudes. I don't believe I made that statement at all,

because there is no package to handle. The teacher teaches. We don't change the curriculum because under California state law it is mandatory in each county and area, so we have to live within the curriculum we have. What we'll do is show you how to teach any subject that you now teach in a way that the youngsters will want. Let me give you one figure that George Demos omitted. (It takes us three days to do what we're trying to do here in two hours, so we have naturally omitted a great deal.) The one specific thing that I would like to say to you now is that, measured now over a period of six years in areas where we are saturated, our lower achievers achieve at a higher level after six weeks in this program than they ever achieved before; and they continue to achieve. Our middle achievers achieve at a higher level, and our higher achievers at a lesser rate but still somewhat above where they were when they started. The teachers come back and report this; the parents come in and report this; the principals report this.

(Question not clear.)

Mr. Brayer: Oh, I could not agree with you more. That was our failure. We noticed after we went into the thing that we were the failures. We were the ones that were contributing to this. Now there is one point that you brought up in the initial part of what you said that is not left out--the dropout bit. We've been interested to see that out program cut down on our dropout rate over the six years in which we have been doing it. It is measurable statistically now in most school districts. Our problem, you can see, is that we had to implement from kindergarten through the twelfth grade, and you can't do this overnight. We will wait until after we get kindergarten through twelfth grade, and we will see then what the dropout rate has been through the whole group.

THE GAME: CONFRONTATION WITH A VIEW TO CHANGING THE LIFE STYLE OF THE HARD CORE ADDICT

Mr. Ed Lasher

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I listened to myself being described, and it was accurate all right; but somehow I didn't feel that it was I. These were all the things that I have done, and yet that doesn't make me. In The Game which we will demonstrate for you this morning perhaps you will see more of me than in all those titles and things that add up to me.

I'd like to start it out by doing something that George just did. In the vernacular, I feel like George just stroked me. Thank you, George. I want to do some stroking myself. The group on the stage is from Renewal House. I didn't know these people until yesterday. We've had some time to talk, and I feel like I have a very good feel for them. I've traveled around a lot; I've been involved in a lot of drug programs all over the country, so I trust my intuition now, as to what kind of person will perform well in a drug prevention or drug treatment program. The feeling I have from the people at Renewal House is that they're excellent people for this field. The description of the program that I have heard from them really sounds good. Right off hand, for those of you in this area, I suggest that you take a look at their program in Atlanta. Now I'd like for each of you to introduce himself.

John: My name is John and I am a member of Renewal House. I came to Renewal House in clinical research from Fort Worth, Texas. After doing a year there with the narcotic rehabilitation program under the federal system, I came into Renewal House in August, and now I am in staff training at the program there.

Girl: I came to Renewal House after a series of mental hospitals and institutions, have been there since August, and now am a staff trainee.

Curtis: My name is Curtis, and I came to Renewal House after going through a methadone clinic treatment. I have been there since October, and now I'm a staff trainee, coordinator of culinary, which is anything that comes under the kitchen, commissary, etc.

Tim: My name is Tim. I came to Renewal House back in August. I had been arrested several times, had several drug convictions. Luckily I was just getting off the ground and was able to get to Renewal House. I've been there six months now. I am a staff trainee or coordinator for operations, maintenance and service operations.

Ben: My name is Ben, and I'm twenty-three years of age. I came to Renewal House after being probated from Fulton County jail. I was probated to Renewal House on the 27th of October, which was my birthday; and I look on that as kind of a rebirth--a chance to get myself together. I'm coordinator of the expediting staff, which is one of the most stress-filled jobs in the house because it entails overseeing all the crews in the house and reporting directly to the coordinator at some given time. We have a twenty-four-hour duty roster, and we are directly responsible for anything that

happens in the house during that twenty-four-hour period.

Rick: I'm Rick from Awareness House. I think I've been introduced already.

Mr. Lasher: Before I get into this I would like to add one detail to my description which may help you in seeing what my reference point is, what my vantage point is: that I, too, like the group on the stage, am a former heroin user. You might take that into consideration as I talk. The title of our presentation is: The Game, Confrontation with a View to Changing the Life Style of the Hard Core Addict. We will be talking about The Game this morning as a group process, and shortly we will be putting on a demonstration of it. I will be talking about it as it relates especially to the hard core addict, but I think the possible application of The Game is much broader. Its potential is not limited to the hard core drug addict.

As we demonstrate The Game, it may appear to you to be very chaotic, perhaps hostile, perhaps irrational. In part it is all of that, but it is probably the heart of most of the effective drug programs in the country that do not rely on chemotherapy, do not rely on methadone maintenance. So while you watch it--and you may have some hostility toward it; it may be threatening to you--bear in mind that it is the heart of a successful program.

Before I talk about The Game, I would like to talk a little bit about what I call the conceptual system of the hard core addict. By "hard core addict" I mean someone who has used heroin compulsively over a number of years. I am going to generalize, and I'm also going to do some projecting on the basis of my own life experience. With the heroin addict, it is not simply a matter of using heroin. The constant use of heroin involves being a part of a whole subculture with certain commonalities, commonalities in terms of attitudes, behaviors, ways of carrying oneself, theories, and role models. I would like now to mention a few of these concepts specifically held by heroin addicts, and I think these are the more important concepts.

Probably the most important concept the heroin addict holds is that he is sick, that for him there is no hope without dope. That expression "no hope without dope" is really an important one. If you were to go into many jails and drug treatment hospitals (like Lexington, Kentucky, for example) across the country, you would find scraped onto the walls of these jail cells the expression "no hope without dope." That's quite a trick to do, because when you go into jail they take away any instrument or utensil you might be able to use in marking something on a wall. Obviously, then, a great number of people went out of their way to make this point--"no hope without dope"--and to scrape this on the walls of these jails. The point is that the typical heroin addict feels that he is that sick, that there is no way for him to feel good without the use of dope. He feels himself to be quite different from the average person, the so-called normal person, and he believes that this difference, this uniqueness, took place long ago, perhaps at birth, perhaps before birth. The essential thing is that he feels different and there is no way that he can become like us and can be happy without the use of heroin. That's probably the greatest problem in trying to help the heroin addict. He sees himself as uniquely different from you. How are you across the table going to serve as a role model for him? It's pretty difficult. Ordinarily the person sees you as the helper across the table, as another breed of cat, a different kind of animal. He says, "There is no way I can be like you."

The second concept that is typically held is that the world is a jungle. The police, courts, society in general are out to get us. Therefore, they can't be trusted. In general, the drug user can't trust anyone. Friendships are non-existent. Each person must fend for himself. To summarize the whole

thing: "Heroin is my only God."

A third very important concept: the typical addict feels that he has to keep a cool front, a cool facade. "Don't show your feelings, don't let people in, don't let people get close to you or get to know you, because they'll take advantage of you."

There is also a fourth concept that seems inconsistent with the other three but that is usually held along with the other three. That is the drug user's tendency to romanticize the use of drugs. For example, he will describe himself as being "hip or cool." These are positive adjectives he uses in describing himself. He will refer to other people who do not use drugs as "being square or lame." These are negative adjectives. So along with the first three concepts--"I'm sick, I'm different, I can't be like them, I can't be happy without drugs"--comes this tendency toward romanticizing--"I'm good." You can even see it in terms of the hero. There is a network of heroes that the typical drug user has. In my time it was people like Lenny Bruce, Billie Holliday, Charlie Parker. I think with today's generation it is people like Janis Joplin and Jimmy Hendrix, well-known celebrities who were known to use drugs.

The longer the person remains in the drug culture, the more fixed the first three concepts become. The tendency to romanticize the use of drugs is an exception, however. That tends to disappear after the person hits bottom. But the first three concepts stick, and they become fixed and firm. Anything new that enters into the addict's life is seen through this conceptual system, is seen through these concepts, much like looking at the world through a pair of jaundiced eyeglasses. It's a difficult thing to deal with. In the final analysis, we have a person who believes himself sick, distrusts other people, and believes that for him there is no hope without dope. This is a very tight, inflexible system.

The Game which we will demonstrate emphasizes three things--honesty, responsibility, and courage. The Game is often able to break this conceptual system, this pair of jaundiced eyeglasses through which the addict views the world.

Before talking about The Game itself, I want to talk about some of the assumptions underlying The Game. For one, The Game assumes that people are much stronger than we give them credit for. Number two, The Game emphasizes individual responsibility and refuses to accept the notion that the addict is sick. Instead it suggests that the person has made some incorrect choices through ignorance of other alternatives, not sickness but ignorance and incorrect choices. Another very important concept of The Game says that the person does not have to achieve "insight" in order to accomplish behavioral change. He doesn't have to know why he needs drugs, why he started to use drugs, or why he continues to use drugs in order to stop using drugs, in order to change. Instead, behavioral change is incurred through a concept known as "act as if" or practicing the form until you achieve the essence. Practice acting in a certain way and you will change. Rather than waiting for insight to change your behavior, change your behavior first; this will lead to feeling changes, attitudinal changes, and then more behavioral changes. If insight happens, great; it's gravy on the meat, but it is not crucial to behavioral change.

Another important assumption is that there should not exist a dichotomy between therapist and patient, between helper and helpee. In The Game everybody is an equal in fact as well as in name. Let me compare The Game to the group therapy session that was demonstrated here. In The Game there would be no such thing as "Doctor" and then "Bob, Fred, John, and Henry." The Game doesn't operate that way; it doesn't tolerate that. In fact as well as

in name, everybody is equal. The leadership in The Game emerges from within The Game, and it rotates. Whoever asserts himself becomes the leader in The Game, and every person in The Game is open to examination, including the leader, whoever that might be at any given time. Now in terms of a professional being in The Game situation, the professional can be most helpful. The more the professional, or let's say the non-user, discloses of himself--his adequacies, his inadequacies, his fears, his failings, his courage--the more the addict can tend to identify with that person. There begins the process of cracking the concept which is so real to these addicts--"I am different from him, and there is no hope without dope." That is the most useful thing a non-user can do--be truly real, lay himself open to examination, be as much a part of the group as everybody else.

The final and crucial assumption in The Game is that pity kills the dope fiend. Pity is probably the worst thing you can do for a drug user, for a "dope fiend." Too many people are taking care of him; too many people have supported him; there have been too many mamas in his life, too many helpers in his life. The addict has to begin the process of being independent and has to begin it alone. He doesn't need any more people to do things <u>for</u> him.

The philosophical context in which The Game is played states that the unexamined life is not worth living and that, therefore, everything is open to question. Nothing is off limits, nothing is out of bounds. The Game has only two rules. First rule: no violence and no threats of violence. Second rule: participants shall not be under the influence of mind-altering drugs. This latter rule is sometimes waived when playing The Game with people who are being maintained on methadone, but there is quite a dispute about that. Some people feel that if the person is on methadone he is not really playing The Game so to speak but is doing something different.

All right, in addition to the two rules--the violence and the chemicals --there are some policies and some techniques. I'd like to describe them briefly so that perhaps you can see them as they happen in the course of the demonstration. The tendency is for you to hear a lot of noise, a lot of loud talking, and miss the subtlety, and I want you to be able to tune in on the subtlety.

The Game typically begins with something called an indictment. An indictment is a well-thought-out observation on another person's behavior. For example, if I were to look at Rick and notice that his shoes have not been shined, that they are quite unclean, an indictment might be saying to Rick, "Rick, your shoes really are messy; they are really sloppy. Why don't you do something about it? It seems that you are lazy; you don't care about yourself. What's more, you don't care about others." That's an indictment based on fact; it's based on his shoes' not being shined. I did some other things with that, though. I not only dealt with the fact, but I also did something else which I will describe in another moment.

There are some policies to The Game. The first policy is that you talk to one person at a time. The whole group talks to one person at a time. If the focus of The Game is on Rick, then all the rest of us as a group talk to Rick and talk to Rick in any way that we want. We can ask him questions, we can make statements to him, we can yell at him, we can do anything we care to do; but it is verbal, and we all focus our attention on him rather than have half the group talk to Rick and half the group talk to somebody else. That's the first policy.

The second policy is that you support both the probes and the indictments. The indictment is a statement of fact you're making about another person. A probe is questioning the person. If we're talking to Rick, if I start The Game with a probe, there is a question directed at Rick. The

other people in the group should support me. They should follow my line of questioning and try to take it further. They should not defend Rick. Even if they feel that what I'm saying to him is altogether wrong, that it is something I am projecting, that it doesn't belong to Rick at all but belongs to me, still they should not defend Rick. Again, too many people protect, defend, take care of other people. In The Game each person has to learn how to handle himself, how to think for himself, how to be able to defend himself; and if he finds that he can't defend an argument or a position then he ought to think about changing that position that he has taken. Defending another person is really a very poor policy. It doesn't make for growth of that person.

The third policy is that a good Game should move around very quickly. In the course of The Game everybody is covered, everybody becomes the focus of attention at one time or another, and it should move rapidly. In general, one should spend about twenty minutes on each person. This isn't hard and fast, however; you may end up spending an hour on one person and five minutes on another person, depending on what is coming out of it. As a general rule, though, take about twenty minutes per person and keep the game moving rapidly.

A final policy is that no contract or agreement should exist in The Game. In The Game it's each person for himself. Let me give you an example of what I mean by a contract or agreement. It might take this form between Rick and me. I say, "Rick, I won't indict or talk to you about your shoes if you promise not to indict or talk to me about the choice of colors I'm combining in the clothes I'm wearing." So it's an agreement. You leave me alone in this area, and I'll leave you alone in this other area. That's no good. Everything is open to question and each person must defend himself. There's also unconscious agreement, and you see that very often in husband and wife relationships or boy friend and girl friend relationships in The Game. It's not stated out loud. The agreement "I won't talk to you about this if you don't talk to me about that" is unstated; it's implicit. Very often people will come into The Game with that kind of unconscious agreement. Those things should be broken.

We've just described our policies; they're not rules. As policies they can be broken; but if they are not broken, The Game will be better.

There are some techniques, too, and I will go over them very briefly. You are going to see them in the course of the demonstration. They'll be subtle. One of the techniques is called engrossment. Engrossment is taking a very small incident, a very small specific piece of behavior, and blowing it into gigantic proportions--making a mountain out of a molehill. Instead of saying, "Your shoes aren't shined," I might say, "Man, your shoes aren't shined; your hair isn't combed; your slacks haven't been pressed in years; you're just behaving like a slob; you seem not to care about yourself; certainly you must not care about anybody else. People are looking at you as a role model. How are you going to help people?" I'd go on and on and on with this--engrossment or exaggeration. If I were to say simply, "Your shoes aren't shined," that would be quite easy for him to shrug off: "Okay, my shoes aren't shined. No big thing." In The Game everything is a big thing. I want to make sure that he hears what I'm saying. I want to make sure that he doesn't see things through his glasses, that he isn't able to rationalize and shrug off any new input that doesn't fit into his system. So I engross and I exaggerate so that he can't miss what I'm saying.

Another technique, which is the other side of the coin, is called belittlement. It is just turning the coin over. It's taking a very big situation and making it much smaller than it's presented. I was once in a Game

when a man whom most of us had known for some time came walking in and announced, "I have a secret." Our eyes and our ears perked up; he had a secret. He was carrying his shoulders very high, and his head was slumped down. He looked like he was carrying the weight of the world on his shoulders. He dragged this thing on for about 15 minutes. "I have a secret. It's a terrible thing, and I have never told anybody, but now I am going to tell you guys, because I know I can trust you." He just went on and on and on with this preface, without getting into the secret. We sat there and got the feeling that this fellow liked his secret. He hung on to it, treasured it; it was precious to him. He was going to honor us by giving his secret, but he was going to take his time about it; he was going to build up the drama and get us all prepared and then maybe give us that thing that he obviously liked so much. Well when he finally gave us the secret, it was: "I think I'm a coward." We used belittlement. What belittlement means is shown by our response in that situation. We said, "Well, that's great, man, but did you remember to wash the dishes this morning? That was your job."

What we did was to take positions totally opposite to his. We used belittlement to change the person's whole frame of reference, change his whole way of looking at things. If this damn secret was so important to him and had caused his life to be so self-destructive that it led him to drug dependence and a hospital, we didn't want to reinforce the way he looked at things. With belittlement, we are going to take the way a person looks at things and give to him just what he doesn't expect, turn him upside down with the hope that he is going to reconstruct another conceptual system, another value system. We will not reinforce what he is coming in with. That's belittlement.

Another technique in The Game is humor. The Game should be very funny. It shouldn't be a very morbid place where you talk about your problems and everybody exchanges problems. Rather, there should be a lot of fun in The Game. If you can get a person to the point where he laughs at himself, where he laughs at his absurd predicament, and behavior, that's progress. We try to get people away from taking themselves so seriously; in The Game there should be a lot of humor.

Another technique is righteous indignation. Instead of saying, "Your shoes aren't shined," I would get on my high horse. "How dare you not shine your shoes! How dare you! You have been in this program for a long time and people coming into this program are looking at you as a model of behavior. These poor souls are depending on you, and you won't shine your shoes. Man, you just don't care!" I get righteously outraged and indignant. I want to change his frame of reference. I don't want him to miss the point of what I have to say. With hard core addicts you sometimes have to verbally hit hard to get the message across. Simple, soft, nicey-nice statements often do not get through.

There is another technique called carom shot. It's a rather clever thing, another way to upset the applecart--to cause a person to begin to examine himself, examine his way of thinking, examine his behavior. Carom shot stems directly from the game of billiards. When you hit a ball with a cue stick, it hits another ball, which hits another ball, which hits another ball. An example of a carom shot in The Game: let's say we have a group of six people in a Game, four of whom have a beard. Assume I don't have a beard. I would begin talking to another person who also does not have a beard, and I would say, "You know, there's a guy right here in the room with us, playing The Game with us, who lately has been acting very, very funny. He doesn't do his work, doesn't seem to be paying attention to what's going on, doesn't even seem to know we're here. You know who I mean--that bearded

fellow." Then I sort of leave it hanging. I might talk more and more but in very general terms--just referring to that bearded fellow. If there are four people in that game who're wearing beards, as soon as I refer to "that bearded fellow," each one of those bearded people begins to develop anxieties. "Oh, my God, is he talking about me? What did I do now?" Each will start searching, examining. "What have I done lately, what is going to happen next, what did I do wrong?" So a carom shot affects a number of people. The purpose of these things is to make people look at themselves. A heroin addict is impulsive; he wants what he wants when he wants it, and he acts very impulsively. He generally doesn't think in terms of consequences of behavior. We really want people to think in terms of behavior and specific consequences of their behavior; and these techniques are designed to do just that.

In The Game, everything is open to examination and question--both the positive and the negative. The Game seeks to turn the person around, to examine his conceptual system, to turn that upside down, to have the person examine what he does in his life, examine the values he actually lives by rather than what he says he believes. Talk is cheap.

The material for The Game is taken both from the here and now and from everyday life experience. Therefore a Game will be better in proportion to how much the people know each other. Real life behavior plus behavior in the here and now are weaved together to form a pattern of behavior and then used to make projections about behavior into the future. The emphasis is on how clearly the person sees his behavior and its effects. The Game involves attack, defense, catharsis, projection, identification, humor, ridicule, confrontation--all these things. They all play a part in making a person aware of himself. Whether he chooses to change is up to him.

When I began, I said that I feel the group process called The Game has broadest possibilities in working with drug dependent people. I want to enlarge upon that somewhat here. It seems to me that many people are unable to establish a value system that they really stick to and live by. Most of us seem to engage in acts of dishonesty. We see a small act of this dishonesty at income tax time. I wonder how many of you are looking at ways to fudge on your income tax. Many of us are not honest in what we say to people. We're not honest perhaps because we feel that by being honest we would jeopardize our chances of getting ahead. We're not honest because we tell ourselves we don't want to hurt other people. We're usually able to rationalize these seemingly small dishonesties; but I think in the process of rationalizing, distorting, covering up, concealing that we are left with a sense of uneasiness. Once the process of lying to others begins, what follows next is the process of lying to oneself; and then we become out of touch not only with other people but also with ourselves. Who are we? If what we say isn't really us, who are we?

So the process of getting in touch or losing touch with other people begins with that process of being dishonest in many seemingly small ways. It seems to me that we can only know ourselves to the extent that we open up ourselves, that we open up to important people in our community, tell them the truth about ourselves, and listen to the truth about ourselves from them. This process of opening to others creates intimacy. Courage and honesty seem to have a by-product--intimacy. And the strange thing that you are going to see--this thing called The Game, which is going to seem quite crazy, perhaps very threatening, to many of you--produces that thing called intimacy. Now let's go into the demonstration.

Demonstration Protocol

The Game begins with indictment and probe on one person supported by the group.

= Female Group Member
* = Male Group Member

*: Remember that morning back in residence when you woke me up by throwing water on me? Are you going to throw some water on me now?

*: Yeah, I'd like to know where you were coming from, man. I never have felt right about that.

*: This is a highly inconsiderate thing to do.

*: What? Throwing water on somebody?

*: Right. After you wake somebody up once, the second time you come around, you wake him up with water.

*: Yeah, man, but you know what I was doing. You know the circumstances, the area I was growing in. Why did you come in and push my button that way?

1 ⟶ *: I wasn't trying to push your button.

*: Oh, yeah, you're always trying to push people's buttons. You're always in my face, and you're in everybody's face. What's your trip?

*: I think you are playing on the fact that there is no violence in our program. You know there is no violence, but you go ahead and throw water on people.

*: You're trying to set it up. You know there is no violence.

#: Didn't you know that John was ready to go out the door? Anything at all could have triggered him off.

*: Yeah, I've seen plenty of mornings you came around to wake me up two or three times.

*: What's your trip? What are you trying to do?

⟶ *: I don't have any story. I was trying to do my job.

*: Oh, pouring water on people is your job.

*: You do have a story, too, man.

⟶ *: Well, I wish you would make me aware of it.

*: Okay, so you have been up all night. So you're the night man. Big deal! Don't come and take it out on me.

*: Just because you have been up all night, you're going to throw water on me. Don't take it out on me.

*: Sounds personal to me.

#: How hard did you try to wake him up? Was it really necessary to throw water on him to wake him up?

*: Have you ever tried to wake a person up two or three times without throwing water on him?

*: You tear the whole house down, and he is the only one that you threw water on.

#: Yeah.

⟶ *: He's the only one that didn't get up that particular day.

#: He's the only one you had to call more than once?

*: Can you just cop to it that you've got something going with him and get it straightened out here, or are you going to just sit there like a blank, say nothing except that you threw water on him.

*: I think it is something more personal. Is this a job? That's what

⟶ Focus of Group's Attention

all those people over in Germany said: "It was just my job. I just locked those people up and made gas chambers because it was my job."

*: That was a job. He didn't care about me, man. I just got out of a heavy clean-up before that, and you put me right back in another position.

*: If he had given you a gun and told you to shoot if somebody didn't wake up on the second time, would you shoot him 'cause that was your job?

*: Exactly. How about those goodies for you?

*: Man, you're trying to hold me down.

*: Why don't you admit you have it in for this guy?

→ *: No, there is nothing personal involved here. You can take it anyway you want to, but I'm telling you the truth. If you can't see the truth when I am telling it to you, I don't know what you want.

*: How do you feel about that guy over there?

→ *: I see him on a personal basis.

*: But job-wise you don't like me. Right?

→ *: I'll cop to that. There's quite a bit of high rolling...

*: Well, how did you feel throwing the water on him? Did you like it?

*: Obviously he didn't.

*: Damn right, he did.

→ *: Well, I was doing my job.

*: That's your out. It was legal to do something, so you did it.

*: He's hiding behind it. Talk about hiding, man. What are you doing?

*: Well, that reminds me of the sadistic cop down in the hole beating up an inmate and saying, "This is part of my job." Really he is just beating the cat up. So where are you? It was part of your job all right, but you liked it.

→ *: No, I wouldn't say that I out and out liked it, but there was a degree of satisfaction involved.

*: Can you tell us a little more of what is going on with you and him? What kind of hassle are you having?

→ *: I can bring up an incident. You all are supposed to be asking me the questions, but if you want me to throw this out on the floor, I will. For instance, yesterday when we came up here, John, Ellen, Linda, and Garry came in one car. Curtis, Sam, and I came in the first car. Now I didn't appreciate this. John comes up with decision....(CHATTER)

*: Wait a minute, I want to hear this.

→ *: Now remember the conversation we had concerning the luggage, how John manipulated his way upstairs.

*: That's got nothing to do with the water, though.

→ *: You're asking me about personal feelings.

*: Okay, you won your snot.

*: What did that cat do with the luggage so he could drive with the chick?

→ *: I'm saying how he manipulated the thing. He came up there with her, brought the luggage, and put it in the car; but we had our own luggage to take care of. Still he worked his way out of--like he was going to follow through on it. The next thing I know, Curtis, Sam, and I are bringing the luggage back.

*: So you're angry because he...

*: He got the girl; that's why he is angry.

→ *: No, I've got feelings about it.

*: What feelings? You weren't happy about it, were you?

→ *: I was being manipulated; I was being played on.

*: Okay, how did you feel towards him?

→ *: In that instance? I was real mad.

#: Did you go out and get the luggage?

*: Damn right he did.

*: Did you tell him about it?

→*: No, I didn't. I had conversations with Curtis and Sam about it, and they said just play it cool.

*: He got so uptight he had to throw water on him.

Group: Right.

*: What are you going to do next time?

→*: Everything is coming around to this glass of water.

*: No, it sounds like you let your feelings about this cat build up and build up. Instead of confronting him about the little things that made you angry, you held them in. You didn't say a word, and they built up, and then you "acted them out." I wonder how many other times in your life you have done that kind of thing--let feelings build up without expressing them. Suddenly in an impulsive explosion you throw a bucket of water on him.

→*: I'll cop to that.

*: Maybe you ought to deal with things when they happen instead of letting them churn and build up until a glass of water becomes necessary.

*: You really could have drowned him.

→*: You really have to use techniques at our house, and this is one of the techniques.

*: Well, I was just wondering, man, what would have happened if it had been reversed, if I came in there and threw water on you?

→*: I would have had to deal with you.

*: Yeah, how would you have dealt with it?

→*: I would have probably dropped the slip, but I would have gone along with the process. ("Dropped the slip" refers to requesting a Game with <u>specific</u> people in it. "Gone along with the process" means that he would not have acted on his anger immediately but would have waited for The Game.)

*: You would have dropped the slip after you had reacted to me on the floor.

→*: I don't know.

*: Damn right, you would have. At seven o'clock in the morning....

→*: I'll cop to that.

*: How are you going to cop to something that you don't even know? What I'm trying to say is that you are trying to play out from under the cover. That's what you are doing.

*: You don't like the seat, huh?

→*: No, it's hot.

*: Is there anything else you want to talk about?

(A lot of chatter.)

*: Sounds like there was more to it than jealousy, his getting out of work.

→*: No, you're putting words in my mouth.

*: Now, think. You said he went with the chick and manipulated you three guys into loading up the luggage and unloading the luggage. It sounds like there is more to it than the hassle you had with him.

*: It's a peculiar thing. You don't feel that things should bother you when they happen. You know you hold them in and hold them back and then you impulsively act out. You have feelings about him about these two things. What else? Are there other things that you have about John, in relationship to John, that you are carrying around in your little collection box?

→*: No, that's about it.

*: You feel okay?

→*: Yeah, now I do.

(Game changes to another person.)

*: Why do folks take advantage of him?

(A lot of chatter back and forth.)

2 → *: Oh, it's my turn? (John)

*: John is the Casanova. He's got him carrying the luggage.

*: Amazing!

*: Well, let's slow it down. Don't tell me you are just going to let it go at that.

→ *: Well, I said I didn't want to carry my luggage in the hotel.

*: Let me finish this. "I'm lazy, so it is okay for me to manipulate other people, make them do things that I ought to be doing for myself." Is that right?

→ *: Well, I manipulated him. He learns.

(A lot of chatter.)

*: You better believe this so-called program, man--start helping yourself. I won't help myself by straining my back by carrying the luggage.

*: Executive, man!

*: That's the same thing that got you in prison.

*: How many people did you manipulate to get you into drugs and into prison?

→ *: A few.

*: Well, man, if the game of manipulation got you to the joint (prison)...

→ *: But it was in the negative sense that way.

*: Did you help that guy? He was your brother?

*: That was way back then. Now you are starting something else with the deal. What do you want him to do next time?

*: Oh, man, you won't even get up and make your bed.

→ *: I do make my bed.

*: You don't even take your clothes off to go to sleep; you just flop down.

*: You sleep with your clothes on? Do you wear your shoes to bed, too?

→ *: No, I wear my clothes to bed now, because where I sleep it is kind of cold.

*: Man, that's a cop out. All you gotta do is get an extra blanket.

*: It ain't that cold anyway.

*: He said all you gotta do is get an extra blanket. Sounds like you are just lazy, man. You don't want to go through the motions of taking your clothes off and putting them on. I'll bet you would like to get someone to do that for you.

→ *: Yeah, I'd like to have a female to do that.

#: All this makes me sick, coming out about the Casanova. I'll bet all the chicks don't know all this goes on behind their backs. Sleeping in your clothes!

*: What other guy went with the chicks?

→ *: The driver, and he didn't know them.

*: Was that another one of your maneuvers?

→ *: No, he was just the cabby.

*: See, that's evidence of his manipulation. He looks upon the driver as a cabby.

*: Well, you've got people loading up the car for you and unloading the car for you.

→ *: Well, I've got them doing it, haven't I?

*: You sure do. You're a manipulator.

*: What about all those times you've been shot down? You've been riding so high and you've been shot down. You do these things with the promise

of being shot down. That ought to tell you something right there. You want the privileges, but you don't want to accept any of the responsibilities.

→ *: Can you give me an example.

*: You're asking for a verbal reprimand. You know--"I want what I want when I want it."

*: You sound like a dope fiend. "I want what I want when I want it, and I'll manipulate other people to satisfy needs and wants." That's pre-dope fiend behavior. How have you changed?

→ *: Well, I've changed in that I don't do that as much anymore.

*: You've taken a small incident, and blown it up...

*: This is for you to look at, John...

→ *: I'm looking at it.

*: Why do you need to manipulate people, man? Why don't you just stop? Why don't you start taking the responsibility for the things you have to do? Why don't you do them and stop using other people?

→ *: Fear is coming up front and asking somebody for something that I want.

*: Hey, man, what I have is yours.

→ *: It wasn't manipulation. Maybe you look at it that way, but it wasn't. Okay, I looked at it as straight reality. I knew the luggage was out there. There was one funky suitcase and two bags.

*: I've heard that rhetoric before.

(A lot of chatter.)

*: I see self-righteousness there.

*: You're condescending now. I'll do you guys a favor if that is what you need. Don't help me help you. Tote that luggage for yourself. Get up out of bed for yourself. That's where it's at, though.

→ *: I've done a lot with the kitchen crew, too.

*: You did your residency. You were a cook on the street, and I must admit you are a good cook; but coming in and disrupting the whole organization of the kitchen wasn't necessary. You know how distressful it is, how many attitudes come out; and you're going to come and cook sausage and eggs and toast, and have them bring it down.

→ *: Hold it, Jack. I never had the kitchen crew bring anything down to me.

*: I've seen it.

→ *: You're lying.

*: I'm not lying. I've seen you do this.

*: John, why would your brother stand and lie about you in front of all these nice people?

*: I've seen you do that.

→ *: When?

*: See, you say "when." I would assume that there has been more than one incident just from that answer that you gave me.

*: He's a high roller, man.

*: I just caught another example of your not caring for other people. All these kind people out here are really concerned and interested and wanting to know how to help people in trouble, and what do you say to these people? I won't repeat that first word, but you just kind of wrote them off.

*: How would you feel about me if I were trying to help you?

→ *: I wouldn't feel anyway, Curtis.

*: You've pointed it out on many occasions. The majority of us didn't approach you in this aspect, but now we are trying to show you some loving concern; and you are turning on us, man.

*: Well, how do you feel about what you are hearing?

→*: I don't like it.

*: Can you tell us what you feel?

→*: Yes, when they indict me as a high roller...

*: You want to break that down a little bit--a high roller?

→*: Yeah, uppity type attitude, playing behind a job title. Yeah, I do that. I'm beginning to understand why I do it. I do it because I've never had a title that really meant anything to me or that I wanted to keep.

*: How long are you going to hold it with that attitude?

→*: Not very long, if I don't change.

*: Don't you feel that, whatever your title and position is, you can feel like a boss and be a good person at the same time, be concerned about other people's needs?

→*: Yeah, I am. But I guess I am going to have to kind of branch it out, because I'm kind of lax except for the people that work directly with me. I have only one person who works with me, and I watch out for him pretty close.

*: That's selfishness right there, man. I'm going to look out for him 'cause he works with me. What kind of reasoning is that?

*: Pure out-and-out selfishness.

*: No contract.

*: We're all brothers and sisters, man. You should cover Curtis's back just like you covered Marion's back. That's what you are referring to in procurement, right?

*: Oh, Marion is a girl?

*: Oh, no, he is a fellow. You thought you had him.

→*: Oh, you're laying for me, aren't you?

*: Got anything else you want to talk about?

→*: No, that's about it.

*: You don't ask him, man. You ask us. You know this is Mr. Manipulator right here.

*: I haven't heard your voice.

*: You know caring about other people, letting other people shift for you, high-rolling and all. You feel like you run around and do what you want all the time, and you don't have any concern for anybody else. You're in a position where you can do it, so you do it. You don't care what they think about it.

(Comments not clear.)

→*: Like an atomic reactor. When you wake up in the morning, it's like Ingemar Johannsen. There's where part of my gripe comes with you, man. You have a much better vocabulary than I do, and you can manipulate with words. I feel kind of bad about that.

*: What are you trying to do, shoot an indictment up under me, man? You see that? We're trying to give you some help, and you are shooting curves up under me, right behind us. That makes me wonder about that commitment that you just gave us.

*: Can we trust what you say?

*: Do you mean what you said?

→*: The only thing you can feel is that you can trust me by my actions.

*: What kind of ways are you going to change?

→*: Specific things? Well, like stepping on people because I'm in a position to. I should have learned better because I have been down so many times and had other people above me.

*: Right there, man, you can talk about vocabulary. You can talk words all day long, but actions are what show it.

→*: Right. The only thing I can do is make my actions like my words.

*: You're not going to take advantage of your position and step on people?

→*: No.

*: Okay, anything else. You okay?

→*: Yeah, but I'm not going to sleep in bed with my clothes on.

(An unsuccessful attempt to switch the focus to someone else but it returned to Focus #2.)

*: Let me give you an example of a prime case. Look at those shoes. I don't like to use you as an example, Lasher.

*: Well, look at your shoes.

(A lot of chatter.)

*: When you were the coordinator of culinary and I was a resident, there was an established rule about when the meals were to be served, and everybody got them on time, or he didn't eat. Every night after the house closed when I came up to get a glass of water, you were in the kitchen fixing all kinds of things for yourself, playing on your title.

*: Talk about me high-rolling, man.

→*: I stay in that kitchen all day long.

*: I don't want to hear that. You stay in that kitchen all day long, sit back in the corner, punch this and punch that, browse around and see if the crew is covering your back. All you needed was a bull whip, man.

→*: I didn't need a bull whip; if something needed to be done, I gave directions and it was done.

(A lot of chatter.)

*: You gave orders; you didn't give directions.

#: Did you ever just get in there and help out for the heck of it?

→*: Sometimes.

*: How many times?

*: You couldn't bust a grape. You don't know how to do anything.

→*: I like to feel a kind of laziness at times. Sometimes if I feel like a job is being done, I can sit back knowing I don't have to do it.

*: Would that be being a leader? You are supposed to be a leader. You've got a title, but people don't respect you. They just do it because you've got the title. If you got in and participated in the work, they might respect you. What kind of example are you showing?

*: You can have somebody work for you, but you can't work with them. I can see that.

→*: That's just the reason we have titles in the house, man. This relates to society. You know, society plays on titles. This is a fact. At the same time, though, you have to learn how to deal with people on a humanistic level.

*: You always talk about those schmucks on the street, those squares that use their titles in the wrong way. What about you? You are doing exactly the same thing that they do.

→*: I can see it. It is an easy trap to fall into, and I never have caught on before.

*: Wait a minute. That's a cop-out: that's an easy trap to fall into, easy for you to fall into it.

*: Because that's what you wanted to do. In fact, you jumped in.

*: And it seems like you like it.

*: You were riding around in that bag like it was a bull handle.

*: I bet you wish we wouldn't bring it up, because you would like to continue it.

→*: That goes way back, man; that was months ago, man.

*: Okay, but this is still something that you did.

→*: I cop to it. I know I did it.
*: Right there: that's righteous indignation, man.
→*: What do you mean by "indignation"? I don't know those words either.
*: You know, I hear a lot of excuses coming out here. I hear "that was a long time ago" and "it was an easy trap to fall into."
→*: What do you want me to say? I did it, and it was wrong.
*: We want to know if you're going to change it.
→*: I've changed it; I've changed it.
*: That's where it is at. It isn't bothering you, but it's bothering other people that work for you. That creates disharmony.
*: As long as it doesn't bother me I'm not going to worry about it.
*: But at the same time, look at all the people you've got under you. You have to think about them, too. They have feelings.
*: Do you see yourself as a role model?
→*: Not in that aspect, no.
*: I think you should, because I think they are probably looking at you as a model. I mean that the new people coming into your program see you as a model of behavior--the way they should act. They are going to pattern themselves after you. If you mess up, they can fall into the trap more easily. "He did it, so it is good for me, too."
→*: Well, I can sit down with people and explain it to them. I can change that. I know I did it, and I don't have to keep on doing it.
*: Yeah, you know you have an effect on people. One way or the other, they are looking at you. You can affect them poorly by being a poor role model and sliding. Or you can be a good role model by acting responsible. And really the choice is yours, but you affect a lot of people; and I think that's important.
→*: It is important. I see it. Everybody has somebody he looks up to. I see what you're saying.
#: I think you have been in that kitchen a long time, and you probably forgot a lot of things that were there before you. You forgot what it was like because you've been there so long.
→*: I guess it's good to go back and work with people and remember what is was like when you were down there. You forget what it was like when you were in their position.
*: It's easy to forget.
*: Are you going to look into it?
*: Let's talk to Curtis now.
(Game changes to Focus #3.)
3 →Curtis: There's nothing to talk to me about.
*: What about yesterday, when you were up there on the stage? You wouldn't even come out and say what you wanted to say, man. What were you afraid of? How come you were holding back? (Focus #3 was a character in the preceding day's psychodrama.)
→Curtis: I couldn't say what I wanted to say.
Group: Why?
*: You weren't being honest.
→Curtis: I was. It was when other people were being me that Curtis wasn't honest. Their mouths are no prayerbooks, you know.
Group: Why didn't you stop them and say something?
(A lot of chatter.)
*: That's a cop-out, Curtis. You could have said, "Well, hold up, Dick, I've got something to say. Like the whole thing is going down ragged..."
*: You don't have to come out with all that other, man. I know you, Curtis. If you've got something to say, you're going to say it, man. You

try to be nice to the people.

→Curtis: That's what I've been trying to tell you.

*: I don't see a red cross on your sleeve.

→Curtis: No, I haven't got a red patch on my sleeve.

*: There are stripes all over you.

→Curtis: I may have stripes, but there's no red cross.

*: Now, that's phony right there, man.

*: Remember our contract, man? Just look at that. We had this negative contract, and for a couple of days we didn't tell anybody that we knew each other. In fact, when I came in here, my head was totally messed up, and I didn't even know if I knew you. You know we slipped and slided; we just skated, man. Push came to shove, and we had to either act or give up. That is where it was at. Now let's get back to the original question about why you are being nice to people. I know you have feelings about going down, about these people speaking for Curtis, and I know damn well Curtis can voice his opinion anywhere.

→Curtis: Man, I told you I just went along with it because I didn't feel like I could do anything else. I had just walked in, and I couldn't take it upon myself to go all into it. I didn't want to hurt people's feelings.

*: You know what happened to you? You know you were uptight afterwards, and you should have spoken up louder.

*: Curtis, upstairs in the room you were uptight because you hadn't said all those feelings that you had.

*: You were messed up to such a point that you didn't even eat dinner.

→Curtis: I wasn't hungry.

*: You can't cop-out like that, man. You can eat a horse when you're at the house. This is a fact, and you've got to deal with it.

*: We know you, Curtis, and we know how angry you were. Yet you didn't do it.

*: Dr. Korn was up there saying, "Freeze, freeze, freeze." You didn't dig that.

→Curtis: I told him up in the room that I didn't dig it.

#: Why did you tell him afterwards? Why not at the time?

*: When are you going to start making a change if you are not going to tell somebody what you think?

*: When you leave the house and do what you must do for Curtis, are you going to start slipping and sliding like that? You're not applying what you have; that's why you fall. You have the knowledge down, but you don't apply it to yourself.

→Curtis: I can see where you are coming from, but it's like different strokes for different folks, different things in different situations. If I can hold a deal with these tomatoes later and tell them about it, all right; but if I can't then I tell them about it then.

*: That's cool. I go for that.

*: Is Curtis really as nice a guy as you are making him out to be?

*: Hell, no.

Group: NO!!

*: Will the real Curtis please stand up.

*: You're out of the kitchen now, and you don't even go near it. You don't even go through it now. You don't stop by to see what's going on.

→Curtis: How do you know?

*: I stay in the house, man. You've been gone all weekend, man. Somebody told me he hadn't seen you in three days.

→Curtis: I haven't been gone three days since I've been there. Do you

believe everything somebody tells you?

*: No, but they just say you are hiding back in corners and stuff. Why don't you take a look at what I'm saying to you?

→ Curtis: Regardless of whether I'm up there or not, I'm still taking care of the necessary things that need taking care of.

*: It sounds like you're doing the same thing you were telling me. As long as it gets done, you're not going to have to do it. You ain't going to do more than you have to.

*: Curtis, I have a personal gripe for you myself. This goes back to Friday. Why did you feel the necessity to show me that you were eating veal when you know I am on a bland diet? You knew I was hungry. That's sick. You knew I couldn't eat what you were eating.

(A lot of chatter.)

*: That's like taking a man through the Sahara and, when he's just dying of thirst, standing there in front of him downing a quart of beer, not giving him any. You know he can't drink it.

*: What kind of brotherly love is that? That's sick, man.

→ Curtis: I was just fooling.

*: Well, I didn't like it. I didn't dig that at all, man, because I was hungry. I mean I was starving.

*: What kind of pleasure did you get out of that?

*: What about breakfast, man? We were eating toast.

*: We finished with you, man. We'll get you later.

(A lot of chatter.)

*: Curtis, the way you describe it you were playing with them.

*: You were really hurting me.

→ Curtis: Yeah, I dig that now. If people said to me, "That ain't too cool; I don't dig it," I would drop dead, you know.

*: Why didn't you do that yesterday when you were up on the stage? Maybe you should have thought how you affected him.

*: It must have been obvious. The guy is eating garbage and you are going to eat a steak or veal or whatever. You know it is going to bug him. You should have known it.

*: Just take that incident for what it is. Now you can take that situation and apply it in a different sense, and it has a lot more relevance. Let's say a new brother has come into the house. Okay, as coordinators, we are in charge of dispensing medication. There are no chemicals in the house without a prescription. Let's say that you had the same attitude, man. You have some thorazine (for instance) and you know this dude is a barb freak.

→ Curtis: But you know I wouldn't do that. I see what you are getting at, but I didn't take that into consideration. But I cop to the plea.

*: Thank you, because I am still on that bland diet.

→ Curtis: That's all the food you ate yesterday? (*: Yeah.) Well, we will take care of that. I will talk to the doctor.

*: Thanks.

(Game is changing to Focus #4.)

*: Okay, Linda. Anybody know her?

*: Man, she's got a Honda bike in the house. You were coordinating and doing all those good things, and you sent up to the kitchen.

→ #: We all fell into that.

*: Wait a minute, Linda. What is this "we all"?

4 → Linda: I realize that...

*: See, she won't take it for herself. That "we" is a generalization.

*: If you want to talk that "we" stuff, you could say we've been doing it this way and it ain't too cool.

*: Like I said, I've got feelings. I came into the house, I hadn't even signed in yet, and you stuck a glass in my hand and told me to run up to the kitchen.

*: Are you a paraplegic?

*: Then she was standing there just waiting for me to react so she could book me.

*: It sounds to me like you've got gold-plated roller skates.

*: All right, Linda, this is for personal gripes. I believe we have it resolved, but just for reinforcing let's talk about the incident that occurred when I was in residency. You know I came down to the business office and asked if I could get a book of matches, and you remember how you just threw them up on the table. That made me so mad that I almost broke a cardinal rule.

*: And that pull-up board! You made me do it over fifteen times, but you don't sit down and take the time to show me how to do it. I'm two weeks off the street, you know.

*: He still has blood dripping down his arm, lady.

→ Linda: What were you doing putting a pillow under his head?

*: I was trying to get into the program.

→ Linda: You thought you had to be perfect up there, so I sat down to show you different.

*: But you could have told me about the thirteenth time.

*: Linda, remember the program is flexible: different strokes for different folks. If you see he is messing up fifteen times...

→ Linda: I should have let him go on?

*: No, you should have sat him down and showed him.

*: I had to keep doing it all over again.

→ Linda: I did it for you once.

*: ...in your way, out of consideration for me--to show me that you didn't want to be bothered with me anymore. I know where it's at.

→ Linda: Okay, after the third or fourth time I just wanted to forget the pull up.

*: Now the man took the initiative to put the pull up there from the junk; but since he is inconveniencing you, you want to say, "Well, forget it," you know.

Lasher: Linda, is what you are saying that after the third or fourth time you wanted to forget about him and the whole episode? You wanted to get rid of him and the problem, right? That's how you saw it.

*: I don't think she wanted to be bothered about him. She just wanted to get him out of the way.

→ Linda: I don't know. I don't remember it that way.

*: That's a dope fiend attitude right there. That's an escape route: "I don't know."

*: Cop-out number one.

Lasher: Sit back and pretend you do know, Linda. Did you want to get that guy out of your hair?

*: Would you just start doing it after seven or eight times just to keep him from bugging you? Be honest.

*: Honesty, responsibility, consistency, efficiency.

Lasher: Where were you?

→ Linda: At the time...

*: At the front desk, now; no self-righteousness...

→ Linda: I wanted to show you how to do it right, okay? I didn't really have the time.

*: You're supposed to take time, Linda. You're in a position where you

can take time and help a brother or sister out.

→ Linda: At that time I wasn't.

*: You didn't have anybody else you could delegate it to?

→ Linda: No, at that time I didn't.

Lasher: Well, what else were you doing that you couldn't take time to do it?

*: She had to eat that meal that she had just ordered. That's what she had to do.

Lasher: But that's a person, that's a new guy on the program. He's in a jam, and getting a reason to go back out, take dope, go through that whole jungle that you know very, very well. What was so damned important that you couldn't help a newcomer?

→ Linda: I did help him. I even did it once myself. I don't understand what's...

*: He seems to be saying that you didn't help him enough, that you really didn't care about him so much as getting him out of your hair.

Lasher: How do you feel about him as a person?

*: Right, how do you feel about Curtis as an individual?

→ Linda: I dig him, you know.

Lasher: Is he worth helping--even if it takes five or six hours?

→ Linda: Sure.

*: Okay, you have to apply that in the past tense. Okay, you work with Curtis now. We all have a lot now; but at the same time, when we look at the newcomers when they come in the door, when they show the initiative to try to get plugged into the program, you should do all you can to help them. In that area, you know you neglected him. You were dealing with your own selfish reasons and rationale.

*: Seems like you're uptight. How are you feeling?

→ Linda: Fine.

Curtis: Is that truthful, honest? You feel fine about all this here?

→ Linda: As far as that incident goes, I feel like we got it straightened out between us a long time ago.

*: How about the information? Do you feel that some of it is right?

*: From now on when the people come in, are you going to take the time? Can you see where you went wrong in the past? Are you going to take the time?

→ Linda: Yeah.

*: You act like you're bored or something. Do you have something that you want to talk about? You just rolled your eyes back in your head.

(A lot of chatter.)

(Game is switching to Focus #5.)

*: Do you have a need to come up here and hop on all the incidents? You don't know what's going down; you don't know what's for real. Regardless of what goes down, you are going to support it. If I tell you we are going to stomp on Ben, you are going to support it.

Lasher: This poor girl. She is taking all the information given to her, and she is feeling good; and you want to convince her to feel bad. If she feels okay, why don't you leave her feelings alone?

5 → *: I thought there was more going on than what was being said.

*: You are too nice. Are you trying to play on us, trying to manipulate us?

→ *: No.

*: You're a good boy, huh?

→ *: Yeah. I'm a nice guy.

*: You mean you're a nice guy when you jump on and indict all these

people? Do you consider yourself a nice guy?

*: Everything is nice.

*: By the way, when are you going to shine your shoes?

→ *: I'm going to wear these shoes as long as I feel like it.

*: He's lazy. He wears old work shoes that don't take polish.

(A lot of chatter.)

*: You know, Rick, you are a professional with all these credentials and all that jazz, and we've dragged you halfway across the country from Berkeley, California, to do a professional demonstration for this audience. Now you walk in looking like a construction worker.

(Laughter and a lot of chatter.)

→ *: Well, forget these people; that's what I say.

*: These people are here for a reason, man. They are trying to help the public, and you are telling all of them to get lost!

(A lot of yelling.)

*: I think a lot of people get too hung up on their images.

*: Well, we have got to do something about that image, man.

*: Rick, there is something more to it. Why don't you tell us a little about your images.

→ Rick: I go through images like taking roll call.

*: You get up every day and put on a new image, huh?

Lasher: Let me tell you something about this character's images, man. At one time way back he wanted to be Mr. Ex-Dope-fiend himself, the ex-dope-fiend of the United States. He wanted to get a big powerful motorcycle (750 cc) and act like Marlon Brando in The Wild Ones. Then he went through some other images. He was going to be a group leader in psychodrama and all that jazz. Do you know where the cat is now? Now, the cat is going to be a Paul Newman: the beard grows, the beard gets cut off; the hair grows, the hair becomes a crewcut.

*: Sounds like you're totally confused, man.

*: What are you going to be tomorrow? What are you going to be when you grow up?

*: Looks like he plans on being the construction worker tomorrow.

*: No, he's got today. You know we'll give it to _____, have a new attire tomorrow.

→ Rick: No, I think I'm doing something now. I think all the images that I went through have given me some of what we can call insight. Doing different things turns me on. When I first came out of the family, the drug program, the only thing I knew was being a counselor; and my role model was based on people like Ed Lasher and Deitch. I used them as role models so that I could find out more about myself and things I want to do. I want to tinker with motorcycles, cars, or whatever. Whatever makes me feel good without sticking a needle in my arm, I want to do it.

*: Using people as examples all the time?

→ Rick: Right.

(Game switches to Focus #6, Lasher.)

*: Lasher, when you came up on the stage, you didn't have enough concern to bring us a glass of water.

*: You use the people who are there. Do you have a need to make someone look bad? You talk about Rick's shoes, look at yours, man. They're all wrinkled. And that hair. Your hair is not combed.

6 → Lasher: I don't make them look bad. And my hair is combed.

Rick: You crushed me. (Laughter)

*: You don't think you make them look bad. How do you know, man? Can you read minds? You're the best example. Use yourself as a role model. I

almost fell asleep when they were introducing you, man. Then you turn right around and shoot the man down on the sneak. That wasn't cool at all.

*: He's the man of many titles. He needs an index file for them.

→Lasher: I want all I can get.

*: He cops to it all. Is it out of convenience, or is it valid? Or do you know that we just have two minutes left.

→Lasher: I changed my mind, men. The leader can't be attacked.

Rick: You know what he is doing? He is taking us on this trip for two minutes, and then all of a sudden he is going to say it is over and walk out and giggle to himself.

*: I'm sure the audience would give us a little extra time.

(A lot of chatter.)

Linda: Do all of these titles they gave you in the introduction make you feel more secure up here?

→Lasher: No, not up here--but down there.

*: Why do you feel insecure? If you earned them, if you got them honestly, there's nothing for you to feel insecure about. Why do you feel insecure?

→Lasher: I don't feel insecure.

*: That's what you said.

→Lasher: First of all, I need to correct those titles that were used to describe me. I didn't specify that I wanted to go down this whole long list and make all this out for me.

(A lot of chatter.)

→Lasher: I could say, "To hell with you fellows!" and go up there and say, "This is Ed Lasher."

Linda: You couldn't have done it, could you?

*: Would you have felt discredited? Wouldn't you have had any feeling about that?

→Lasher: You're way off the track.

*: We're on ours, you know.

*: Where's the violin, man?

*: We're happy with you, Ed.

*: Why are you up on the edge of your seat?

*: You uptight?

→Lasher: I'm uptight, and I'm getting ready.

*: What are you getting ready for?

*: You are on the defensive here, regardless of what we say.

(A lot of chatter.)

→Lasher: Slow down.

*: No, you don't tell us to slow down, fellow. You can take it out on the group because you have a title and some superior feelings. Just sit back.

→Lasher: I think you are more hung up on all those titles than I am.

*: No, I'm not hung up on the titles. I don't play.

→Lasher: I'm responding to you. I am not hung up on those titles. I can do with them or I can do without them.

*: Why do you feel that you have to change it around to take the heat off of you? You want to change it around to me.

→Lasher: Well, the concern then is...

*: You made this Game. This is your Game.

Linda: He is trying to get around to his technique.

*: Right. He's still got some extra insight.

→Lasher: I'm trying to pick out what is valid. The introduction with all the adjectives: you know they helped me. Do I need them? No, I don't need them. Could I have shut it off? Yes, but I chose not to.

*: Man, I dig you. You're going to take me on a trip, an LSD trip--unnecessarily.

Lasher: Thank you. Let's take some questions.

Question and Answer Period

Question: How long are people kept in a residential treatment program like Renewal House? Maybe it would be good for the Renewal House to respond to that.

Answer: I'm one of the staff members at Renewal House, and what you have got to understand is that the people who were in this group here today are people who have been through staff training. They are people who are planning to stay in the field of drug rehabilitation. They have finished the first stage of residency; they have finished treatment. People who come in from the street, from the hospitals, from the jails, from any kind of institution or from the methadone clinic or whatever may be in the program from three to six months. This is different from old concepts in the communities where they were in from one to two years. They are not necessarily in Renewal House for long periods of time.

(Question not clear.)

Lasher: Let me repeat the question. It's really in the form of a statement. The woman has the feeling that anybody who can go through a session like this, which seems very intense and confrontive, is strong enough that he doesn't really need to be in a residential treatment program.

It may seem that way, but it's not really true. On this program we had people who have gone through the program and essentially now are staff members and trainers. They don't really need it, but many people can go through a group like this--right here and now. They still are not yet ready to live constructively on the streets, however.

Woman: The point that we bring out at Renewal House is that living is a constant process. Change is constant. The people who were in the program this morning are not staff members yet. They may choose if they would like to continue in that field or not. Staff members at Renewal House continue groups. They're ongoing things; you never really get to the point where someone else's opinion about you doesn't matter.

Question: Isn't there a danger that a person could break down under the pressure of a Game?

Lasher: No. It seems that way, and that's what I was concerned about in my opening presentation. The woman feels that the person would break under the type of pressure that exists in a Game situation, but generally speaking for a hard-core addict that's not true. There certainly are limitations as to who should be in The Game, however. Someone who has a very fragile personality should not be in The Game, should not be in this kind of situation. Let me explain the process of getting somebody into The Game. When someone comes into a therapeutic community, at first they have orientation stages for several months--working a person up before he goes into The Game. They have sensitivity groups, really toned-down feedback sessions that are controlled by a leader; and then eventually after a period of time leaders teach the techniques and modes of The Game to the people, and then after a long period of time they let them play The Game. In some programs you walk in and play The Game. When you first walk into Synanon after you are screened in, you play The Game right away, but many other programs don't do this; they work a person up to The Game. You can see it as a process of the person's beginning to interact with other people in at first a very low-keyed setting,

a feedback session about self and concept groups about things culminating in The Game. But again a person needs to play The Game awhile before he is ready to leave.

Group Member: I would like to say one other thing about The Game. A lot of people get the idea that it's just strictly attack therapy, but it isn't. Let's say the people in the group have been living with me for a long time. They know that I am going to get offensive if they attack me, so they probe me with a low toned voice. They use all kinds of techniques in The Game, not just attack. If they need to attack, they do. The only way you are going to get anything out of some people is by really laying it on them hard. There are other people who will cop to where they are at if you just talk to them, and it's easier to deal with them. There are different strokes for different folks.

Lasher: And The Game differs. What makes for The Game are the people that are in The Game and how they are feeling and what they are thinking and how they have been behaving recently. That's what makes for a particular Game. Some Games are very soft and non-attacking and just loving. Sometimes you find a person who can tell someone else that he really cares for her or cares for him only in a Game. That's the only place that he can do it. It's really a learning process. After a while, as time goes by, he may be able to express himself in different settings; but in the very beginning, in the therapeutic community, this group setting is his only vehicle for communication.

Staff member from Renewal House: I'd like to say something about that, Ed.

Lasher: Okay, just let me follow this a little further. Eventually, he has developed other modes, different ways of relating to people, just like we are doing now.

Staffer: One thing that happens at Renewal House and that happens at a lot of other residential situations is that groups are not the only vehicles for communication. There are seminars. You are living with people, eating with them, sleeping in dormitories with them, so the communication is a constant thing. Groups are perhaps the culmination; groups are a chance to understand it more fully.

Lasher: I think you have to understand that The Game doesn't exist in isolation. It exists in a context, and many things work together to create that context. What that context essentially is is that we care for one another, and what we do is designed to help. One of the ways we may help an individual is by pointing out certain behavior, and we may do it in an attacking mode, but care is underlying what we do and why we are doing it.

(Question not clear.)

Rick: We didn't name The Game. The Game was started in Synanon. The program that I'm from is called the Family. They have a certain way of running The Game, and we took their idea and changed it a little bit to fit our setting, but we kept the title "The Game."

Lasher: The Game itself was created in 1958 in Synanon, which was probably the first effective program to work with hard core heroin addicts. At first they called it "synanon" with a small s, and then they started calling it The Game. Why they did that, I really don't know, except that in their literature they describe The Game as a human sport (not as being therapy) that has therapeutic spill-off. So I'm just telling you how they describe it.

Question: What is the rationale for focusing on negative behavior in The Game?

Lasher: All right. The main part of The Game is to deal with negative behavior and self-destructive behavior: to point out behavior that is going

to hurt the person, point out patterns in behavior still present that hurt the person in the past, and that presumably may in the future again be self-destructive. Very, very often--in fact, most of the time--The Game does point out self-destructive behavior. It doesn't limit itself to that, but much of The Game is aimed at that--making a person aware of self-destructive behavior.

Question: Would you focus on it as much as you did today?

Lasher: No. But it is a good example of a Game. They vary considerably. If we had to put it in terms of proportions, proportions of Games that focus in on negative behavior, I would guess about fifty per cent, something like that.

(Question not clear.)

Lasher: Of course. And anybody could have sat there and said nothing. I could have said nothing when they were saying things to me; I could have laughed; I could have screamed; I didn't even have to be there. All of this is voluntary.

Rick: For myself, I don't want people to tell me what I want to hear. I want them to tell me how I come across to them. It makes for better relationships. If somebody told me that I didn't have bad breath and I did and he didn't want to be around me, I would feel bad.

Lasher: You know, I think the question of how you achieve intimacy is an important one. How do you go about achieving intimacy, becoming intimate with somebody? In my experience the way you become intimate with someone is by being honest with the person, letting the person know you (and that means <u>all</u> of you). The more you know of him and the more he knows of you, the more the potential for intimacy. Intimacy comes as a by-product of honesty.

(Question not clear.)

*: The question is: Is this close to the life style?

Staffer: Let me make one aside: Renewal House is not just for hard core drug addicts. Our title implies that we are for drug rehabilitation, but the way we look at Renewal House is that it is a people program.

Question: I feel that the thing written up in here is a little overdrawn. This thing is going to affect life style, how you are going to view the world. I'm wondering how this comes about.

*: It gives me a chance to look at different life styles and to choose one. It doesn't change my life style.

Lasher: Quite interestingly, it points out behavior. Changing the life style is up to the individual, but The Game is designed to broaden perception of the life style.

Curtis: I just want to say something. I asked John for a commitment to change. People outside always ask us, "Will there be followup?" Most definitely there will be!

Question: Curtis, if you didn't think the feedback was accurate, would you let it slide off?

Curtis: No, that's just the way I look on things. Regardless of what it appears to be, I accept a lot of the information as being valid.

John: You accept what is valid and what is invalid. You just don't do anything with the information. It doesn't mean anything to you. It's the feelings that you get from it. Valid feelings. They can say a lot to you, but you just accept what is valid. What the man is saying to you doesn't mean anything unless the valid points are getting home to you--and you feel those. The rest of the conversation is not any good.

Lasher: Whether or not he talks to us on the stage or in the group is beside the point. If it hits home, he will walk outside thinking about it and may or may not do something about it.

Group Member: And in that sense it is up to the people who participate in the group to follow up on this. They have heard the information given in the group, and they have to take it upon themselves to help John, to help me, to help all of us, because those are just keys that were given to us. It is up to us to unlock the doors.

Curtis: But being confronted with it, being pulled up with it all the time....For instance, they confronted me with what happened yesterday. In the future, if I am faced with another speaking engagement, I will just have to face up to doing the things I have to do. I won't just take it like I took it before.

Question: How can we learn more about your program?

Staffer: We have open house every Saturday night beginning about 7:30, and there is a symposium about how the program works. It is a chance for you to meet all the kids in the program. The address is 1076 Columbia Avenue, N.E., Atlanta

Lasher: I would like to give you our address also if you would like to write us for information. It's Awareness House Training Program, 1820 Scenic Avenue, Berkeley, California 94709.

Question: Most therapeutic positions stress the importance of empathy. Are drug addicts a different breed?

Lasher: No, they do need the empathy. What they don't need is pity. It's hard for me to separate empathy from pity. The context in which The Game is played is a pretty accepting context, similar to that at Renewal House. The atmosphere itself is very warm and very friendly, very informal. The low-keyed groups are just that--low-keyed with more emphasis on acceptance than on attack. The low-keyed groups usually precede The Game.

Question: What about Synanon?

Lasher: It has been some years since I've been to Synanon, so it is hard for me to talk about Synanon. They too have an empathic base. It lasts only a couple of days, and you're going through a Game. At any rate, this was my experience in 1964. I don't know how they are today. In the program that Rick and I were in some years ago, they took at least a month, as I recall, to get into The Game.

Question: I noticed that the person on the hot seat went through several stages. Frequently it started out humorously.

Man: I just want to say this. You know it is hard learning about yourself. You know, nobody likes to be criticized; but this is something that is necessary in order for you to change.

Staffer: I think one other thing to understand is that you do go through stages of learning. One of the best ways to accept what someone is telling you is to trust that person's judgment. You trust that person's judgment because you have been able to tell him what you think about him and also because you have been in sensitivity groups, static groups, normal encounters. I think all of us do many other things besides attack therapy. If you did attack therapy and just attack therapy right off the top, you would lose a lot of people. You wouldn't reach a lot of people. Also, it is a good technique to use with people who have had group experience for quite a while and are willing to accept something.

Lasher: The process that we described isn't necessarily a fixed thing. It doesn't necessarily happen that way each time. The Game may begin with a straight, non-humorous confrontation. If somebody is especially angry about something, it is unlikely that he will start out joking. He may come right to the point, and say, "Damn it, I am mad."

Question: Ed stated the policy of supporting the probe. Why didn't you do this?

Rick: That is just a policy. In a Game a lot of things are happening. I was starting to get in on her case, and they just threw it on me; that happens in The Game a lot of times. It makes for a better Game to support the probe, but a lot of times the players don't. Maybe I would come into a Game, for example, starting to really run some hostility on Ed. Instead of supporting that probe, the other players might turn around and say, "Rick, what's wrong with you?"

Lasher: A case of the exception to the rule. The policies are general statements of what makes things work best, but there are exceptions. For example, as Rick said, if he shows a heavy hostility for me, many people will realize that he is projecting like crazy, that something terribly wrong is going on inside of him. That's more important than dealing with me.

Curtis: Then, too, there is the surprise route. An attack coming from someone else has a surprise effect, you know. You can tell many things from the reaction you may get.

Question: I noticed that the entire group centered on one person, Linda, for example, and then dropped them. Will they ever come back to them?

Rick: Okay, that was just an example of Games. It probably would have gone back to her. A lot of times when a Game is over, somebody in the group will ask how everybody is feeling.

Lasher: If she were messed up, they would go back to her and put her back together. The point is never to let a person leave The Game crushed. A person can leave The Game hurting; there is nothing wrong with that. We are very strong people. If somebody has behaved in such a way that during The Game he has received warranted hostility, then it's all right for him to feel bad when he leaves. He should; he should think about his behavior and what it caused. If the person is hurt very badly, then there is the concept of picking the person up, making sure he is okay, either in the group session or after the group: coming up to him, putting arms around him, one-to-one talking. Picking a person up is very, very important--but again only if he leaves The Game in a crushed way, not just in a hurting way. We don't feel the need to resolve each person's hurt in The Game.

Question: Were you satisfied with Linda's feelings? She wasn't happy and she wasn't honest about her feelings.

Lasher: Oh, no, she wasn't. She had some information given to her that she clearly wasn't happy with, but I think she accepted it as real.

Rick: That's okay, too, for in The Game there are things you can do in the hot seat, too. You can cop-out, you can admit it, you can even when you go into a Game dump it--tell everybody to stop and talk about what is bothering you. You can even lie in The Game.

Lasher: The point is again for Linda to walk away and remember the information, think about it, do what she wants to do with it. She can be hurt when she leaves The Game, as long as she is not crushed. Whether or not she honestly admits to her feelings right there and then is not as important as the fact that the message got through. She's still essentially together, and she will think about it later.

Question: I got the impression that you consented to her lie when she said that she was okay even though she wasn't.

Lasher: We let it go because it was belaboring the point. We made our point; she had accepted the point. We trusted that we had got through to her, that she was okay, that she would take that information and do what she could. No, we didn't buy it, but there was no point in pressing it any further. We didn't feel the necessity to press it.

Man: Also, she had been challenged several times as to whether she felt all right or not.

Question: Since you have known these people for a very brief time, since yesterday, and since it was a constructive session, what did you do between yesterday and today that made it constructive?

Lasher: First of all, let me be very honest and say that we are on the same wave length. What they do in their program in Renewal House is very similar to my own background, so I was very, very happy with that. Had I had the group that we watched the first night, the presentation would have been much more difficult, because they are on a different page. They operate in a very different, non-personal, all-accepting way, not taking responsibility, avoiding "I's, we's, they's," etc. That would have been more difficult, but still we would have been able to deal with that. We would have encouraged them to talk about each other's behavior, reminding them to make "I" statements. If we were lacking information in terms of behavior, what we would deal with would be appearance, the assumption that a person's appearance is a message about him and his self-concept. So we would address ourselves to the way a person looked, the way he combed his hair, the clothes he wore, the manner in which he talked; and we might attack that. His response would then lead us to where we were going. What I am saying is that we could do something, and we would start with the way he looked right there and then.

I would like to say one more thing. A lot of times I have done seminars and workshops that have been one-day stands, and people would take what they have learned from the workshop and try to put it to work in their own programs. If you are going to use The Game of anything similar to The Game, find out a lot more than what we showed you here today. Be careful. Be slow. Learn. Be in it yourself.

THE USE OF FANTASY AND GESTALT THERAPY WITH DRUG ADDICTS

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Before I get into my presentation, I would like to deal with background notes on drugs and groups in general, to tie together some of the things that we have dealt with here. This conference leaves one with the impression that the fundamental approach to the treatment of drug abuse is that of group process. I don't think this is true. Only one approach that you have seen in this smorgasbord of approaches you have had was designed specifically for drugs: The Game. All the others have been used in a wider field and can be used also with drugs. This smorgasbord, where you can look at various techniques, is nice; but you can't really learn enough about any one to use it effectively. This is simply a peep show. You see a little bit. You don't learn enough to be able to use an approach unless you have considerable allied experiences so that you can adapt what you read or see of a method. For training in group process we would never use this kind of approach--the large group, the lecture, etc. We train about twenty counselors at a time in the Awareness House Training Center. Most of them are street people, with street backgrounds, but some are establishment types. We train these together. The training is all action with a little bit of theory--enough theory to explain the action. Preferably the theory comes after the action and not before.

The university tendency is to lecture about things endlessly. For my money you don't learn these approaches except by doing. To learn The Game, you must be in The Game; you must be in many Games, be indicted many times, and handle all aspects of it. The way to learn psychodrama is to in psychodrama. Dr. Korn, for example, had three years of formal experience in psychodrama at an institute before he directed psychodrama. Some of the things you have seen, though they may look simple, are not easy. Most of you can't do much harm with these approaches. We should give you things that are not too harmful. If you try the psychodrama, you probably won't disturb anyone; you will just have dull dramas. You did get something of a warning about The Game. It's too heavy to play with. We sometimes introduce The Game to teenagers, but we lay down injunctions. The people involved must know the rules of The Game. They can game only those that have been trained in the game.

It is fundamental that you see what we are up to in the drug area. The legal conception of drug abuse has really been misleading. The legal approach as a therapy has been miserably ineffective. For example, when the California Department of Mental Hygiene hired me to tour the country and look at drug programs, I went to Terminal Island in California, which is literally a fort on an island. They had a drug problem in this island jail with big thick walls. People would go into withdrawal three years after entering this jail, which means they were on heroin that whole time inside the jail. How much were they gaining from the therapies and so-called group processes that were going on there? Not much. The legal approach as a therapy has been relatively ineffective, including enforced withdrawal of many years in

jail. When a heroin addict comes out and gets a fix within a couple of days, something has failed.

Now we're deeply involved in the educative approach. It feels much nicer to be educating people about drugs, but it is also a kind of funny trip that we're on. You see the nature of a trip best if you try to educate college people about drugs, especially marijuana and LSD, their favorite kinds of dope. You get all those beautiful, rational arguments as to why marijuana ahould be legalized complete with research details. You know you are talking to college people with an intellectual defense. If you talk to high school kids, they hear the kind of moralistic tone coming across, and they turn you off. The educative approach makes the most sense when we begin to think that what we are dealing with is a kind of cultural discrepancy in our society--a split between the younger and the older, the counter-culture and the establishment. What we need to do is educate all people so they understand each other (instead of shoot each other or hate each other). Education can also get into matters of how to live, style of living, meaning of life, somewhat as you saw last night with Brayer and Demos where education is touching on individuals' clarifying their own value systems. That has bearing on how you live. But on the whole, the educative approach, though it will last for another five years perhaps before it fades, is not very effective.

If we conceive of a drug problem as sickness, then we have a nice professional problem and we professionals can rush in and treat it. The odd thing is that in general the physician or psychiatrist is one of the least educated in the street drug scene. This is true of almost all the professions. Neither psychologists nor social workers know much in this area. A few individuals in each of these groups do, but if you assume that we are dealing with sickness, then you think a professional should be able to treat it. I really don't think we are dealing with sickness, and this idea will gradually become clearer to us.

For my money, most drug abuse involves developing a limited, unproductive, unsatisfactory style of living. We're dealing with styles of living. Until the individual feels the pinch of his style, sees that it isn't going the way he wants it to go, you cannot reach him by any kind of enforcement. They used to try; they'd capture the guy who was a heroin addict or something, send him to Lexington. At the cost of millions of dollars they got a 3 per cent recovery rate. You can get a 3 per cent recovery rate if you do nothing whatsoever because people are coming out of the drug culture by themselves at about that rate. In fact, I would guess the spontaneous recovery rate is higher than that. But, by their handling they have made the addict somewhat negative, so that he lingers somewhat longer in the drug culture.

We're dealing with unproductive styles of living. The implication is that the guy has to feel the unproductivity before anything can work. You can try. Sometimes dopers can convince dopers that they need help; but when the establishment (a doctor in white coat, a psychologist, or whoever) comes to a heroin addict in jail, he looks and acts culturally alien. The addicts feel different from the person who is out to help them. I saw this difference emphasized especially in the southwestern United States, where they were dealing with Chicanos, Spanish-speaking people who are really into a Spanish culture--Catholic, solid family unit, etc. They were trying to treat them in this very impressive new edifice, a building which cost millions. An intelligent priest in town would take these Chicanos and put them through a training program so they wouldn't suffer too much cultural shock in dealing with the hospital. Just dealing with the hospital could be an alarming ex-

perience. He would say, "Now when you go there, there is going to be a pretty little girl sitting at this desk with all these buttons on it; don't worry about the buttons. She won't talk to you in Spanish because she doesn't know Spanish, so you kind of have to help her out. What she is trying to do is figure out which slot to put you into in the hospital." The priest would go through a general kind of orientation so the Chicano wouldn't be too shocked by going into this alien setting.

We're just gradually awakening to the fact that we are dealing with cultural matters, with whole cultural groups. If you want to treat a methadone addict, the location of the treatment center is very important. In a good Chicano program like the one in San Antonio, the addict could literally walk to the program. There was no problem of carfare or distance. When he got there, he was greeted in his own native tongue by someone who spoke and lived just as he did--a Spanish person. The furniture was beat up; it was an old house. The house was just about the same style that he had been living in. The people treated him in his own language and his own way, and they could reach him.

I keep hearing people ask, "How does a program reach users or addicts?" A good program doesn't have any problem. The addicts, the drug people, have an excellent underground communication system. You don't need to advertise. If you have a good program, they will hear about it and walk considerable distance to get there, and you should have a waiting list. We found this out in Mendocino. People would literally walk 120 miles to get to the program if they had to, to fight their way in. These were old street junkies, by the way, not the class you would ordinarily consider good prospects to work with.

What kind of kid is likely to turn on with drugs and dive into the drug culture? If a person is not turned on to anything, all of life is kind of a lousy drag, a bore. School doesn't mean much. He is disenchanted, alienated, disenfranchised in some ways. These are the people who, when they use drugs at all, are likely to go more rapidly into heavier use and get caught in the drug culture. Who are immune to the drug thing? Those who are turned on, who have plenty of meaning in their lives. They may try a little bit of whiskey out of Dad's cabinet; they'll try a few things, but they are less likely to go into it completely unless they feel some sort of personal inadequacy. We've met some young people who are deeply religious. They are very immune to the approach of the drugs. Their life is already packed with meaning.

We're dealing with people who are not into the swim of things. We see them in junior high, high school, even grammar school. They are also more hooked on what their peers are doing. The more you are peer dependent--"my friend does this, I've got to do that"--the more you are likely to go the way your peers are going. As the number of peers who are on drugs goes up, we approach an epidemic level of change. If we are dealing with only five or ten per cent and very few peers are into it, then the phenomenon will grow slowly; but as it gets bigger, it will grow faster. We are already seeing this.

In the older street user we see the end point of the same general drift that we saw with the young people. A person goes into trying drugs for a variety of reasons. I'll give you some positive ones that we have detected: for enlightenment, to heighten sensory awareness, to make sex nicer, for religious understanding. There are a variety of reasons for going into drugs. As they get into it, more and more the drug begins shaping the style of life, and the scope of the life gets smaller. You see the beginnings of this at the high school level. Jane starts with pot, likes pot, finds she can talk

easier to other pot smokers than to the squares; she is now among the dopers in high school. She is more inclined then to deal with others who are enjoying drugs, and drug users have a big thing that they are conveying to each other--talking it up. There isn't much to it, but they talk it up a good deal; and there's a whole language built around drugs. It is a language of feeling, of momentary big, nice, impressive experiences.

At the lower level, junior high school, we see youngsters who get into using what are essentially poisons but don't know it. They are so dumb they don't know the difference between a psychedelic trip, which is supposed to be mind-expanding (I've had LSD, by the way, and I enjoyed it), and a poison. Anything that does something funny to your head is interesting, and they use the volatiles (gasoline, hairsprays, etc.) along with anything else.

Drugs are in a kind of a hierarchy, from volatiles (basically used for kids' play, though some get into the volatiles kind of heavily) to pot, LSD, barbiturates, pills in general, and then often to speed, though speed may be left out, and finally to heroin, the BIG H. Big H has a lot of prestige in the drug world. "I'm on H--wow!" Big H is a marvelous conditioner. We don't understand all of the conditioning yet, but it conditions the conscious and unconscious mind and self. Though the withdrawal isn't much more impressive than a case of flu, users are terrified of it. We don't quite understand why that occurs, but it does.

As one gets caught into big H, the style of living, which already was narrow and small, constricts further. One lady I talked to told me about her style of living on drugs. She was a kept lady; she had a man who was a dealer, and he supplied her. Her life had finally evolved down to this--getting the needle, fixing, polishing the needle, putting it away, and going to get the needle again. It was just that little a cycle. You wouldn't believe that a person could occupy the whole day with this until you know that the polishing and cleaning of the needle can take hours. This lady was carrying on kind of a love affair with the needle, and the needle was kept in a nice tiger skin case. Her whole life had constricted down to this tiny little thing. After a while, the tiny little thing begins to look a little dubious, even to the user. Heroin at first is very impressive. If you have had morphine in pain, you know why. "Wow, the troubles are gone! Whew!" It is kind of nice, and I can see why people could be attracted to it. Soon the style of living has become too constricted, however. The person must feel the constriction. Then you have the possibility of dealing with him to get him out of this.

Who can help in this area? If we are not dealing essentially with sick people, but with people who have a dumb adaptation, a poor, not self-satisfying adaptation, then anyone who has an effective life adaptation can help that person. The implications of this assumption are quite broad. They break out of the whole professional realm. The maharishi, who in his own realm is a great man, has probably turned more people off drugs than you people combined. This one man, selling a doctrine which to many of you seems very strange and turning off all these people, is a great man. I have known surfboard clubs where they were turning kids off from drugs. They got into surfboarding and discovered that you really can't balance a surfboard if you are onto dope. "So," they say, "let's stay sober at least for today." They enjoy the surfboard, get into contests with each other, and forget drugs.

In the Awareness House we seldom talk against drugs. Our counselors are most effective when they don't say anything about dope at all. Most establishment people find this kind of strange. "How do you turn them off if you don't talk about it?" We show them things that are more interesting alternatives. There is a good article by Allen Cohen in a recent issue of

the Journal of Psychedelic Drugs on "Alternatives." This is a key statement of what is involved in this whole area. In the area of alternatives we are dealing with a million possibilities--religious, political, business, everything. If a man has a kind of business interest, he can make goods, sell to others, and then use the profits. In California such a movement is called Junior Achievement. I don't know what it is called out here. There is almost no part of society that we could not use in both the prevention and the treatment of drug use. Almost anything going on in society--politics, the space program, everything that turns people on--can make life meaningful for somebody. I have been very involved in what makes a gun accurate. These almost obsessive interests are good, because one can work at them for a long time. Anything that turns people on--that gives you a wide open realm of possibilities.

Who are we interested in for counselors in Awareness House? Well, if you have a drug usage background, that's nice; but, even more important, we like people who are turned on to something and can turn on others--especially if they can turn on young people.

What I can see happening--and I want to apply it as the undertone in this conference, for it has come up in several sessions--is the failure of what we once thought of as psychotherapy--the specialist dealing with the people in need. That's the way it first looked to us. We thought in the early days that we needed a real expert, the psychoanalyst, with a great deal of training, the couch, the whole formal routine. We have gradually drifted away from that to face-to-face encounter. We don't even have to talk about the past; we're getting down to the nitty-gritty present, and all of our therapies are drifting in the same general direction. Religion used to carry this role of teaching how to live. It's carrying it less now, but it was the ancient role of religion. We are dealing with understanding how to show people how to live better. That's what we are involved in in the group process psychotherapy.

We are getting into types of group processes and therapies in which we are teaching people things they can use to understand themselves. In a little bit I'll do a couple of simple ones maybe. Psychodrama does that in part. Behavior modification does it, too. In behavior modification we're teaching alcoholics to teach other alcoholics. It's breaking out of the professional conception of things. In The Game, the experts (who are usually not professionals) are showing The Game to others. Where we have gems of knowledge which are useful for learning how to live and which are conveyable from one person to another, those who know the gems are responsible for sharing them with others. This breaks out of this whole professional concept, for you can begin to ask who really knows these gems? Who can convey them best? His degrees or his background do not matter. Long ago I got over this hangup of the professional. We're drifting away from professionalism toward learning that any gifted person can give to others. In general, if I had to assemble a real collection of people to go out and carry the message and aid the world, I would not look to the universities or to professionals. My impression is that professional training dulls the perception and the capacity in dealing with others. It puts so much verbal garbage in the head that it takes a long time to get it all out.

I wouldn't look to professionals; I would look to people who could do the thing well. I was impressed with the psychiatric knowledge of a mechanic who worked on my car recently. He worked not only on my car but also my style of driving the car. He had all sorts of native abilities. I would have taken him into training--no problem. I wouldn't care what his education was or anything else. If an individual can't read or write, that is a

slight impediment--but not too severe at that. We can even get around that, since we always have enough who can read to read to those who can't.

Our counselors go out into communities and act as mediators between the establishment and the counter-culture so that the two can understand and appreciate each other better. We are not trying to bend either side. In part, we are helping the counter-culture to be more useful to itself.

These approaches could be applied in a larger area. One day, I suspect, we will have institutions of living; and those who are missing out on the game of life will go into the institution of living and will be doing things very similar to the things that are occurring here this morning. In small groups of sixty-five or so, the people will study their style of living in relation to each other and will convey to each other where the difficulties are, the friction between them. Max Jones did this in the therapeutic community. I've seen therapeutic communities so powerful that a psychotic, manic man who had attempted murder hours before was brought down by the patient group to conforming behavior in a matter of thirty minutes. I was in the group, and I was impressed by the power of these people--the patients.

Which is the best approach? You have seen a kind of smorgasbord here; it's been kind of a sampling. I like this or I don't like that. I think basically it's a matter of taste, very much like dining at the table. There are some whose tastes would lead to behavior modification; mine wouldn't. I find it too molecular, although I can see that it probably works. But it is still not my cup of tea. I prefer something more sweeping even though it's foggier. People in behavior modification want things very specific and utterly clear. I even noticed that Ken Swift has a counter on his left wrist, so he can count things. What you like, what you go with, is a matter of taste. Your usefulness will be governed by this. You can be useful in some areas; you cannot be in others. I doubt that there is any such thing as one right technique now. I think all these techniques are intrinsically interrelated. Behavior modification breaks it down into tinier pieces and works with the pieces. That is correcting the style of living. The Game this morning was very specific. "We don't like to smell your dirty socks" or something like that comes out very specific. Someone in the audience said, "Isn't it presumptuous to say this changes the style of living, this kind of thing?" That shocks me a bit, because if there is any presumption in this whole field, it is the professional's idea that in one, two, or three hours a week at the most, he is changing someone's style of living. That is a presumption that really floors me. These people do this kind of thing daily and they live with each other, so they've got hours and hours of data to work from. The therapist has only a little stack of data when you come into the room and sit down and act polite and wear nice clothes and so on. He has very little data to go on, and he's dealing with one or two hours a week at the most--and we're even shortening this. A lot of mentally ill people are being treated in the community by ten minutes every two or three months. Boy, if that is a style of living change, I'd like to know how. I can see where it does change the style of living when your peers are telling you your socks stink or hinting at some specific kind of behavior. It's a very specific working at the style of living and broader than behavior modification.

If you ask me what is the most fundamental approach in this whole area, I would say alternatives. Alternatives are anything which turn people on. When you get young people turned on to something it can prevent drug abuse. If mom and dad and the kids do things together regularly, they are less likely to have drug abuse in the family. If they do exciting things together--boating, hiking, camping, etc.--they are quite a bit less likely to

have drug abuse in the family.

The most powerful and general attack on drug abuse we have lies in the use of alternatives. A national conference on alternatives is being shaped up now. It will be slow; it will be five or ten years before it is clear to everybody what is involved in the use of alternatives.

For the unmotivated heroin user I can see use in methadone, but unfortunately it is often used incorrectly. Many think the treatment is a pill. A guy comes in, and the doctor gives him a pill; that's the whole routine. The pill is just the opening door. You need all kinds of social support. In a good methadone program that I saw, the doctor was very savvy about heroin users. There are few doctors, psychologists or anyone else, who have that kind of savvy. You could almost count them on the fingers of both hands. I see use in methadone maintenance, but I'm afraid the country is jumping on it too quickly. It is less than a halfway measure. It's a rather small beginning and does not deal with all the other aspects of the person's social life. The doctor needs to understand dope fiend ways, needs special staff who know how to unmask these ways.

The most fundamental approach to the motivated, long-term user is a residential community. Usually long-term use means speed or heroin, because if a user has been in the drug culture a long time, he generally falls into the end pocket of this sorting system. You cannot beat it. I have never seen anything as powerful as the residential community. I'm glad we had the people here this morning to show you. There is nothing quite as powerful as this. This is a twenty-four-hour thing. It is gutty therapy. The language may bother some of you. The concepts may seem unclear or strangely concrete when they are talking about their clothes or socks that smell, or whatever, but that's where it's at. And it works.

I would see the residential community with The Game as the most powerful tools we have. With a good residential community (and it takes a while to develop these communities), we are getting recovery rates of about 80 per cent with old-time street junkies. Lexington was proud of its 3 per cent. California's Rehabilitation Center (CRC) has bragged about its system--with one per cent recovery (that's the rate of death, you know). This kind of program can get recovery at about 82 per cent. It involves selection. You have to work to get in. In the family that Ed Lasher and Rick Bello were in, for example, you have to prove to other street junkies that you are serious about changing yourself. They really want proof; it's a very hard testing situation. That makes the program more effective. Partly the screening and partly the heaviness of the peer pressure give it meaning. Studying the effectiveness of the family residential community in California, we found that its effectiveness dropped as it got lax; but if they got impossibly severe on people, effectiveness went up. It varies back and forth in this way. Every now and then they decide things are too lax. There's some dope in the house, and people are lazing around, not cleaning the joint and so on. So they say, "Let's redesign the program," and they tighten up everything, fire people or demote them, promote others, change the whole thing. Then it gets effective again.

Of the things that are effective, the only one that you have seen here is The Game; and The Game was designed basically by Synanon. The Game is for people with a real criminal mask, people so thoroughly steeped in a criminal way of life that they don't know any other way, and have lost track of themselves. They need something to break through to spontaneous feeling. It can't be la-de-da talk. That will never do it. These addicts are experts at talk; they can talk the shirts off your back, and they do it. It can't be the light blah-blah talk of ordinary group process. They must break through

to spontaneous feeling--game the guy, attack him, attack him even on some things not true. If he gets upset, hurray! He's responding, at least. He's coming out with, "Damn it, I don't like what you are saying!"

When The Game was really going at Mendocino State Hospital you could hear it about two blocks away. The patients were training each other to have a spontaneous full-blooded reaction to each other directly opposite to the criminal mask in the world of heroin. That makes sense. It is too heavy for you people. If we put you all in a Game, even with training, I would worry about the mental health of at least a third of you. We had trouble at Mendocino. The psychologists were fascinated with the new therapy that the patients were running and they wanted to get in the Game. The patients said, "Well, Doc, we've got to screen you--what's your motivation?" Even after they got through that, a number of staffers fell apart. This heavy treatment the patients were using routinely three or four times a week, hours at a time; and even on their off hours, they might get together and have another Game. It was a little too strong for the professionals. I see real use in The Game, although it may look a little odd to some of you. All of these methods illuminate the life situation of the person--psychodrama, for example. As soon as I find that a person is dealing with a two-sided drama (mama versus me or something), it is enacted. There's mama, there's me, and all these others coming up and participating are also learning, engaging in the same drama. When I reverse the roles I am learning how I feel about mama and how mama feels about me. In behavior modification, you are breaking the dumbness of the individual's adaptation down to tiny little pieces and reinforcing change in a certain direction. In The Game there is practice and direction in spontaneous reaction. All of these tend to open up the "here and now" situation.

The things I will get into also open it up. Let's do a pleasant one, so you don't have to listen to me anymore. By the way, this kind of thing you can pick up in books. All the things I'm dealing with have been described, and they are simple enough that teachers can use them with kids in the classroom. Let me recommend Awareness by John Stephens, published by Real People Press. We'll turn down the lights in a minute, and I want you to interiorize, to sit down in a chair and relax. I want you to just feel your body. I want you to sum up where you are now--that's all, no big deal. I will give you maybe two and one-half minutes to do this, and later I will be asking some of you to come up and let us in on what you find inside. This is very introductory. Just get inside, see what's there, what feelings arise. Okay? Simple. Now the lights. (Silence for 2½ minutes.)

I would like a couple of people who have had interesting experiences or a little discovery to come up and share them with us. Again they are young people. Shame on you oldsters.

Girl: Well, I couldn't relax. I feel like I was really nervous because I have learned I've got to do all these things. I felt very cold because I was scared.

Van Dusen: Did you notice the earliest thing she showed? SIGH. This kind of breathing. I hope you noticed that. I'll get into observation as part of what we are dealing with here. If you were observant enough, she didn't need to say anything. The breathing showed you, and what she said was backed up by that. What does the nervousness do to you?

Girl: I guess it takes my mind off of thinking about anything.

Van Dusen: Could you dramatize it with hand movements or something to give us a picture of how it takes your mind off thinking?

Girl: I don't know.

Van Dusen: If I could portray it, it would be sort of like this.

Girl: Kind of shooting out.

Van Dusen: That's somewhat like mine. I felt the energy, not so much shooting out but strength wanting to move.

Girl: Yeah, that's right. I felt like I had never had any energy. It was all down there sitting and waiting, and I'm just afraid to use it.

Van Dusen: Afraid to use it? What might happen?

Girl: I don't know. I don't know if I have ever used any before.

Van Dusen: You don't feel that you have ever used it before?

Girl: I guess I don't feel when I use it.

Van Dusen: This is kind of a peek into a drama. Now you could guess implications out from this drama. Gestalt gets into looking at tiny things. I'm molecular in my own way--tiny little things. What about yours?

Man: What I was feeling?

Van Dusen: Yes.

Man: An accumulation of a lot of things. Some of it was very peaceful, and some of it made me feel kind of down and a little bit excited, too, about a lot of what I have been aware of through participation here. It was scary in that I realized how much of my life I have been imaging and putting out certain information, pictures of the world for myself to get by with. Through experiences with people whom I've met here, I've felt I don't have to get by with those fears, but I still feel scared in that I have new legs to walk on. I haven't tried them out. They tell me places I can go, but I am scared to go out yet. It was exciting and frightening. I felt that there was a wall that I had to rip open, was encouraged to rip open, and that I had to step outside the wall and take some steps in a different direction.

Van Dusen: Do you want to rip open the wall?

Man: I think so. I am afraid of the pain that might ensue, but I want to be different. I want to take more risks than I have taken in my life. I want to experience more than I have experienced. I came down here, having never been in the South before, with the narrow, typical view of the South and how little I was going to see here, and I find now that my head has been blown a little bit by what I have experienced down here.

Van Dusen: Just for the heck of it, let's try a mini-drama. Can you enact breaking open the wall and taking new steps? Kind of simple. (Silence.) Good, do it slow; I would like you to follow your feelings as you go. (Silence.) This is acting. He says he feels frozen in; he is self-conscious. You want to come out of there. It's up to you.

Man: I want someone to do it for me.

Van Dusen: I won't. Just a little enactment. Let's get a hand out of the wall. (Laughter.) How are you feeling now?

Man: I feel a little easier.

Van Dusen: Thank you. That was a mini-drama. You're a brave man. I will be getting into the use of fantasy and Gestalt. You'll see that it's a crossbreed between psychodrama and psychoanalysis. The founder of Gestalt was originally a psychoanalyst.

Another little exercise. This is a simple one. There are many things which you can do which enable you to illuminate yourselves, what you are up to, so that you can become your own psychotherapist. I'm very much convinced of this. Most of these things are quite ancient. If you look at Upanishads and other books, you'll see that they dealt with all these things a long time ago--and much better than we would dream of dealing with them.

Let's try just gazing at a spot. Some of you may have practiced this, but most of you probably haven't. The exercise is simple. Find yourself something intriguing enough to look at for three minutes. If you were Orientals, you could do this for fifteen minutes or several hours. You are

Westerners, though, so three minutes will have to do. The carpet is not bad; the design on some people's clothes is not bad. If you've got a table, the grain in the table is pretty good. It's basically a matter of projection. All of the group processes are involved in getting you to project and then discover the implications of your own projections. In psychodrama the projection is in terms of "you-them" enacted in the drama.

Now settle on a spot, and I want you to just relax and look at it and allow meaning to be suggested to you. Little hints of this and that will come from it. I'll give you three minutes. (Silence.)

Now, at least for many of you, something meaningful will have been suggested. I'd like for you to examine the implications of these. How do they fit with your life? What did you see fitting with what you are, where you are? Let's have a couple of people tell us what they found. Let's share a couple of interesting discoveries.

Woman: Well, I was looking at the grain of the wood on the table, and I just really wouldn't let my eyes go farther away than just a little square. Within the square there were lines going in almost the same direction, and they felt like paths that I was in--sort of dead end and constricting.

Van Dusen: Excuse me. She said they were constricting. I hope most of you noticed the change in voice inflection in "dead end and constricting." Could you tell us a little about how this applies in your life; how this is true?

Woman: I've been working for several years on Baxter's theory of human behavior, and once you have stated yourself, what you think, where you are--it is kind of dead end. Coming here has been a way of opening up a lot of new ideas.

Van Dusen: Are you in a dead end in a larger sense than Baxter's theory?

Woman: Probably.

Van Dusen: Would this be true? You don't need to elaborate.

Woman: Probably so.

Van Dusen: Okay. How do you feel about the dead end that you are in?

Woman: The Game really touched me. You know, I would truly like to be in on a rousing Game. I think life has come to be kind of dull, and I would like for life to be a little more daring.

Van Dusen: Are you aware that you are a little bit tearful?

Woman: Yeah.

Van Dusen: Okay, so you would like to get in a more rousing game. What's the implication of this--more direct interaction or full-bodied interaction or what?

Woman: Full-bodied, I think. Since I have been here I've been thinking I shouldn't let that happen to me. I should be able to be me regardless, but other people affect me, which means that I need other people.

Van Dusen: Yes. Now we have been talking just a couple of minutes. How does the dead end look to you? Has it shifted any or is it the same?

Woman: I feel like it is maybe opening up. I want to see what may happen now.

Van Dusen: Okay. Your coming up here is partly an opening up.

Woman: Yeah, because there are a lot of people who know me.

Van Dusen: Okay. Thank you, ma'am. This is so simple. Apple and orange?

Man: These were sitting in front of me, and I was focusing on them. After a while it seemed to me that the orange represented the world, and somehow or other it seemed kind of fragile. The apple looked awfully rugged, strong, to me. I got to thinking that the apple represented the helping professions of which I am a part. I was thinking that the apple, this strong, rugged thing (it looked more rugged and larger than the orange), is

trying so hard; but it occurred to me, though, that, of the two, the orange is really the stronger--has the tougher skin. The apple has a rather fragile skin and is subject to all sorts of things that would destroy. I realized that I was a part of that, that I was very vulnerable myself.

Van Dusen: Would you want to talk about your vulnerability?

Man: Not in the least. (Laughter.)

Van Dusen: Okay, that is the man's choice.

Man: No, I just realized from all that has been taking place here the last two or three days how much I, as one of the helpers, am in need of help--as I try to help other people. Who needs us?

Van Dusen: Hm. I love these paradoxes. Okay. An apple and an orange, and a lady with a little bit of a dead end, part of which she can escape. Very simple, huh? Implications? One of the great Zen masters stared at the wall of a cave for many years; this was his most fundamental training. He started Zen, as a matter of fact. He was the root of the whole thing. There are a lot of little things we can do which allow our inner selves to come out and reveal our concerns. This is essentially the process of psychotherapy. You can do it on yourself--make discoveries.

We deal with this in groups. I show this to street counselors, and the street counselors show this to high school kids. We're giving little tools that people can use, play with, tools which we encourage them to play with. It should be fun, so that they can read themselves back. When I get real uptight, I look around for something I can gaze at and project on.

As a method, Gestalt therapy came from Frederick Perls, whom I was honored to know. (He died in 1970.) He had a long background in psychoanalysis. Fritz told me a story which I don't think he would mind my telling now. It is about the way he began to discover the root of Gestalt therapy. Fritz was a very brilliant intellectual German Jew. He was in his third psychoanalysis among some of the country's experts. One of these analyses was focusing on his adequacies as a male, and this had been going on for weeks at $25 per hour. It got down to issues around the penis. Finally the analyst made a whole new breakthrough in the realm of psychotherapy. He said, "For God's sake, man, we've been talking about this thing for weeks. Bring it out and let me see it!" Part of the humor of this is the fact it was so dreadfully obvious. Once he got it out, looking at it, it was no more a matter of speculation, a think trip.

This is what gave Fritz the idea that he could use actuality and move much faster in psychotherapy. He explored over many years, and he developed a method, a number of methods, which were very simple. Films of Fritz Perls doing Gestalt therapy are available from Esalen Institute. He works with a dream, with anything--a person's breathing, as I will do in a minute. What he was doing is so theoretically simple. If I have a number of dash lines, they may suggest circles as well as dash lines. The Gestalt is the complete picture of the thing. So people are really Gestalts. Part of the Gestalt is conscious (I say thus and so); all the rest of it is hidden somewhere else. My body itches, my hand is doing this, my mind strays--all these other parts of the Gestalt are there. The parts are right in front of you. Fritz got to be terribly concrete. He was a good observer, unbelievable. I used to run contests with Fritz on observation, and I didn't have a chance. On one occasion Fritz and I were having soup in a restaurant, and I thought I had him because this German fellow loved to eat. He was well into his soup, and I was sitting there observing the waitress very closely. Finally, I made a profound statement about what I could see in the waitress. Fritz didn't even raise his head from the soup, but, like a Zen master, he said, "Yes, Van, but you missed..." and told me all that I had missed.

Once in Esalen he was doing a presentation on stage. He would sit and work with one person. Anyone could come out of the audience. He would analyze the person, work on him a few minutes, as long as he wanted to work on him. I sent him a lady I had found in the group who was a schizophrenic with no effect at all. She had had a number of years in hospitals, and she was very difficult to deal with. Dealing with her was like dealing with an empty bag; there was just nothing there. I said, "Come on up; go see Fritz." I swear that he had figured out essentially what she was by the time she had hit the top of the stairs. He dismissed her; he wouldn't work with her. It was too difficult to work with this kind of person, and the way she walked up the stairs had told him that. He was very good in observation, and what I am suggesting to you here is that observation is an essential part of Gestalt therapy.

Very close observation is part of it, because those missing parts of the Gestalt are standing right in front of you and are showing what they are like. If you just open your eyes, you'll see them standing there. Yesterday I was sitting back there, and I said to one person, "Gee, they look like alcoholics on the stage." He said, "Well, how do you know they are alcoholics?" Obviously, there were alcoholics, even different social levels of alcoholics. I said, "That fellow up there (and I described one with a particular shirt and so on) is not only an alcoholic but also a homosexual, and I can tell you the style of his homosexual life." Most of what we are looking for is obvious, right in front of you. Fritz used to say, instead of looking for the obscure things, to look for what is obvious, right in front of your eyes--the way a guy speaks, the way he holds his voice, his breathing. All anxiety can be seen here; the tears can be seen before they start falling. All these things are apparent.

Sometimes part of the job of closing the Gestalt or informing a person about himself is seeing that he gets in touch with the body. Fritz would do amazing things just by trying to get the person in contact with what's underneath him, his own body.

Gestalt Therapy is really a number of techniques for unlocking the here-now so we can see it much better and deal with it. I first ran into it when a psychiatrist in a meeting stood up and made some speech about peace in the world. Fritz said, "Ah, did you hear his voice?" If you listened you could hear a kind of crying, a real feelingful cry under all that he was saying. I could suddenly hear it myself. I invited Fritz up to my hospital. We had several administrators, all of whom were sitting around in a circle when Fritz came in and sat down. He had never seen them before, but before they spoke Fritz went around the room talking about what he saw in each person. He shattered two people in the room by the accuracy of his perceptions. The implication is that much of what you want to see is right in front of your nose if you will look. This is the kind of thing that anyone can practice, professional or nonprofessional. There are a number of steps in doing it. It pays to work on wives and spouses first, someone you know very well. You know the underlying person; you've been living with her. Now watch how she smokes a cigarette or how she does any thing. If I could amplify the movements or gestures involved in smoking a cigarette, you would see that there's a definite relationship between the smoker and the cigarette.

I used to ride on the streetcars in San Francisco in the middle section where you can sit across from people and just watch them. I would take on their gestures. I have taken on the gestures of old people; I have tried voices. I very much admire acting. Fritz Perls did too. He had some training in acting and in psychodrama. Try to take on the qualities of others. I observe best when I am relaxed and not ego-involved. The more ego involve-

ment, the poorer the observation. It is a little hard to demonstrate really good observation in front of a group because there is a certain amount of ego involvement here. When I couldn't care less, my observation is more accurate. That's part. Another part is that when I observe I try to amplify what I see. I may dramatize it in my mind; I may elaborate it with fantasy. (Example: I don't understand my relationship to a young lady. In fantasy I take her out on a date.)

I've done this with patients. I'm talking along with a patient when suddenly a scene breaks in on my head. That's another aspect of observation. It's tentative. The great observer makes lots of guesses. I saw Schneidman doing the TAT, and basically he was guessing a great deal. He flashes card one, and the subject says, "Huh." The implications of "huh" are varied. He goes into the many implications of "huh" before he looks at the second word. His many guesses bring him closer to the person. The guesses are successive approximations.

I would encourage everyone who wants to go into the helping professions to observe a great deal. Start with your spouse (because you have inside information) and look back at the gestures. Then start doing it in dull business meetings and other places. I've spent about ten hours on people's relationship to ashtrays in dull administrative meetings. I got into predicting how the guy was going to handle the cigarette and ashes, predicting and seeing if I were correct.

In Gestalt when the person presents something of himself, it's often the most conscious part, maybe the most acceptable part. Then I look for the other parts of the Gestalt, and I try to uncover them right here with the person's assistance. I can't do anything against the other's will. It's poor therapy to try. If you will read Gestalt Verbatim by Perls or other works of this particular school, you will find these writers working sometimes with the way an individual breathes or other aspects which are a major missing part of life, elements having a direct implication on how an individual relates to the environment. The type of anxiety which is partly physiological accounts for stopping or slowing the breathing. When the person dares to breathe freely, any way he wants, he lets the stomach hang out. Could I work with the lady with whom I was talking earlier? There you are; come on up. She's scared of this, I guess. You didn't know you were going to be such a big deal, Joyce. One implication of Gestalt therapy's working with a person like this is that there is always a great deal of material. The difficulty is seeing it and bringing it out. We start in a simple way. Can you tell me your feelings or thoughts at this moment?

Girl: No, I just want to see what is going to happen. Curiosity.

Van Dusen: Do you feel the holding of the breathing?

Girl: Well, I'm trying to breathe. You mentioned it.

Van Dusen: You're not doing too well. You are deliberately breathing. You are going to wait for me. How is this waiting for me?

Girl: I'll just wait.

Van Dusen: Okay, I'll tell you what I see. Narrowed eyes, as though you were looking at me from some little distance. Lips held together. Freezing of movement--neck and most of the body. I feel that you are becoming remote; it is difficult for me to reach you. If I elaborated in fantasy, it is as though you drifted away in kind of a fog. That's my impression. Would you like to give your impressions of me?

Girl: Yes, that's happening, and I would like not to go away.

Van Dusen: This was said with a break in the voice, just a little one. That means that feeling is present. It's significant; feeling is significance. You'd like not to go away. All right, how's that for holding on?

Are you still distant?

Girl: No, not as much, but I'm depending on you.

Van Dusen: You're depending on me. I still get the impression that you're watching me, not quite so distantly, but behind those narrowed blinds you're watching me. I'm seeing anxiety in the breathing. My goodness, you're making it tough on me. You know how you're making it tough? By your passivity. You won't let go? You won't let go of your feelings? Two things are being said at the same time--a tiny little "yes," a big "no." It is ambivalent. I have no great magic for getting around this. How do you see me?

Girl: Well, believe it or not, I feel comfortable with you. I, for some reason, have a feeling that I had as a child. My parents ran a store. When I would call them on the telephone, someone would answer and say, "They'll pick up in a minute." I would sit and hold the phone, sometimes for an hour; and I have the feeling that I am holding the phone now.

Van Dusen: And what is it we are waiting for on this phone? To talk to your mother or father? This pattern we are seeing is very old.

Girl: Yeah, I have the feeling that I should have slammed the phone down. I'm sure I should have, rather than wait an hour.

Van Dusen: All right, visualize slamming it down. Would this have helped you?

Girl: No. I wish I could have, but I couldn't.

Van Dusen: Break in voice inflection again. Could you fantasize this?

Girl: No, I usually can't break anything off.

Van Dusen: Okay, so we are caught in this. Am I the phone? Are we waiting for mother or father to speak?

Girl: Yeah, that's the feeling I have. I am holding on to something.

Van Dusen: Okay. Is this your choice? Is this the best way you want to do it?

Girl: No, no, no.

Van Dusen: You've been waiting your whole life. I'm going to wait, and you can solve it now. (Silence.)

Girl: Well, let's get on with it.

Van Dusen: Precisely. How?

Girl: Okay, I have a need. I think that you have an answer.

Van Dusen: You have a need, and I have an answer.

Girl: I like the idea of your Gestalt therapy; but, like I said, I've tried some of the things myself. I found out two or three days later that I was depressed. I don't react immediately.

Van Dusen: Would you like to react immediately this time?

Girl: I guess I should hang up the phone, but that wouldn't help.

Van Dusen: No, because you would be cutting off waiting for mother or father to answer. You've hung up the phone a little bit. What are your feelings now?

Girl: Well, I feel better deeply, but I haven't let it come through me yet. Somehow I feel that I'm doing something good, and yet it may turn out to be a bad thing. I rejected you. You haven't let it come through yet.

Van Dusen: What would it be like if it came through?

Girl: Sort of a victorious feeling.

Van Dusen: Do you want that feeling?

Girl: Yeah, I think that would be something.

Van Dusen: Pretend that you are victorious. What would you do if you were victorious?

Girl: I would let myself feel good.

Van Dusen: You feel a little tearful now?

Girl: Well, I cry when I am happy, too.

Van Dusen: In other words, this is a little beginning of happiness?

Girl: Yeah.

Van Dusen: How are we now--you and I?

Girl: I think I like you better. You're still here. I think I have the feeling that it would hurt you if I hung up on you.

Van Dusen: Fine, fine. I probably wouldn't perish right here on the stage.

Girl: No, I don't think so.

Van Dusen: I could probably survive it if you could. All right. What are you going to do next?

Girl: I'm going to quit feeling like I'm God.

Van Dusen: Like you could shatter the world?

Girl: Yeah, I could identify with Portnoy very well. I had a Jewish mother.

Van Dusen: In a way it sounds as if you are protecting the world by sacrificing yourself.

Girl: Yes.

Van Dusen: Are you going to take care of yourself?

Girl: I can't promise it. I'll try.

Van Dusen: All right. You can hang me up any time.

First, what Fritz was getting at and what I'm trying to show you is that this mysterious person that you want to discover, this hidden personality, is right in front of you. You can walk around it and feel it, just like you can feel this podium up one side and down the other. It is a funny kind of trick of the mind--not letting the phone go down. It is serious in its implications: I put the phone down and I kill them. I'm not mad. I break it off. I become independent. Now the phone is all the way down, but we can play right on the edge of the difficulty. She did let it down a little bit. Next time, she'll let it down a little more. When the person recovers or changes, they can see it. She now knows the pattern. There it is: she sees when the pattern changes. I have a tremendous feeling of concreteness in this whole business. It is as if people are sculptures and most are speculating about its form and can't feel what is before them.

Now, I'll either work with one individual or the whole group. What would you choose? Either way. Which? The group? Okay. Let's have six lively, daring people come up. Let's bring them in quite close. Application in the group is quite similar to that with the individual. The tendency is for me to step off. Everybody is polite; they will wait. The leader must make the first move. The pattern of the move then suggests movement to the others, and they follow. We don't have time to get acquainted even with each other's names here. All I'll do is start being very direct about what I see in you and hope that you will respond. We'll see.

I'll tell you how I feel here now. The audience doesn't bother me so much; it's more you seven people. Who you are, what you are? You outnumber me seven to one, and that bothers me. I worry that I may not be up to this task of dealing directly with you. What's your feeling?

Jim: I think you'll do all right.

Van Dusen: If I elaborated a little in fantasy, I would guess there is a card game going on and you are playing.

Jane: I guess I feel less scared sitting up here than I did sitting down there and thinking about coming up here.

Van Dusen: What's going on?

Bill: My heart is pounding. I feel a little uneasy about being here.

Van Dusen: It's coming out in a rush. You've got to get it out now.

Bill: I feel like I want to go ahead and get into it, but don't know

where.

Jim: I think I was kind of looking forward to your directing it.

Van Dusen: You give me the feeling that you are waiting for me to make the next move. I'm pleased to meet you. I was impressed by you the first day in the Synanon game.

Mary: I don't know what to say.

Van Dusen: Can you describe how you hold in your anxiety?

Mary: How I hold it in? It's in my chest. I feel it in my chest primarily.

Van Dusen: Has it tightened more now that we have talked about it?

Mary: No, I don't think so.

Van Dusen: What's going on?

Jim: I haven't found my ace in the hold yet.

Van Dusen: Oh, I see. Do you have to have the advantage before you will fight?

Jim: Yeah, when I come into a group, I feel that I have to have an advantage for protection or defense maybe. It's not the other people in the group that I'm interested in.

Van Dusen: Well, attack me then.

Jim: I don't know where or how to attack you. I am waiting on you to speak so I can get some opening entry because I don't know you. I've been listening to you from down there, but I haven't listened to you up here. I don't know what I want to ask you. I had several questions while I was down there in the audience, but came up here blank. I didn't understand what you were doing with the lady up here. It was just kind of out of the clear blue. I could understand the point you were making, realized you were worried about breaking the connection and hurting someone.

June: I was just thinking that he scares me because he doesn't look a bit scared.

Jim: I am. I'm comfortable, but I'm scared. I'm comfortable in a situation like this because I'm used to it, but I'm uncomfortable with <u>him</u>--scared. I want to go after him, but I don't know where to attack him, because it's as if he had some kind of hidden knowledge or magic I want to get.

Van Dusen: I keep the cards to myself.

Jim: Yeah, I know that, but I've got the desk.

June: You just talked about being able to reach things in the person. You're sitting there watching everything that goes on, and trying to watch people and see what they are feeling.

Van Dusen: You could observe her. She had a very tight smile. It had a painful quality to it.

June: I don't think so.

Van Dusen: You don't feel pain?

June: Not especially.

Van Dusen: I still question that. I'm not sure yet.

Fred: She asked you about your observations--what you observed.

Van Dusen: Your voice is not very full-bodies. Slippery, flighty, quiet. I could see a drug pattern. Of course, I know that. I don't feel that I could quite reach you.

Fred: My speech isn't too clear sometimes. It might be that I speak too low, mumble, because I'm not too sure about what I am saying.

Van Dusen: No, I think it's something more fundamental than that; it's not coming across clearly. I can see him (Jim)--a clever game, shift of the eyes, and all this. He comes across quite clearly. He is waiting for a move, so that he can jump on me or attack me.

Jim: No, it is not that I am waiting to jump on you. It's just that

you've got something I want, but I don't know what to ask for yet. You're sitting there wide open, you know. It's like a chess game.

Van Dusen: Quite similar.

Fred: He's talking about its being like a chess game, so everybody is sitting back thinking what strategy they want to use.

Bill: I've got to see a move made before I can respond to that--I mean blocking, coming up with anything of my own.

Van Dusen: You would like to be a leader, though.

Bill: Yeah, I feel that I am a leader a lot of times.

Van Dusen: Does that bother you?

Bill: The problem that I have is fear of making a fool out of myself in front of a large audience and in front of the group here. It might be fear of looking foolish, of being rejected, of having people laugh at me. Yet right now, I am well aware that I am getting the attention, that I am the focus.

Van Dusen: You're kind of anxious?

Bill: Yeah, but I'm more comfortable looking at the reaction I am getting than staring at you, fantasizing about how you are reacting to me.

Jim: How do you feel about having a bum leg?

Van Dusen: That's an off-the-wall question. It really doesn't bother me. I think I deserve a bum leg. I am impatient, and it slows me down.

Jim: My mother was messed up once in a wreck, and it did a weird thing to me. It was like wanting to travel and being unable to travel. I was just wondering. You know, you can have all the hidden knowledge in the world and still be unable to move with it, go somewhere and do something with it. Have you ever felt trapped with it or something? When you first got it, what did it do to you?

Van Dusen: It was a long time ago.

Jim: How old were you?

Van Dusen: I feel at the moment that you are taking me away from the present, and since we had already set up contact in the present I don't want to go away, if you'll excuse me. Do you recognize the style and what we are saying here? Could you describe it?

Jim: It's not a style so much as a feeling. I don't know why I do it, but when I run into someone I automatically set up a Game--with a group of people or with just one individual.

Van Dusen: One implication of that is that you have much potential to rule things or run things well, and I realize that you come from the Shylock (crook) side of things. And you are trying to run this well.

Jim: I don't feel that I am trying to run it. I feel that I'm trying to get information, but I don't know what kind of information I want. I recognize that you have a hell of a lot of knowledge, but where did you get it all and how did you retain all the knowledge that you have? That's the thing I'm interested in and the thing that I have trouble with. I can get knowledge, but I can't seem to retain all of it. It gets away from me. I can't apply it to new situations.

Van Dusen: What's the implication? I cannot retain knowledge. What is the implication?

Jim: I don't understand.

Van Dusen: Slowly. You are saying "I cannot retain knowledge." You are doing this (imitating his gesture). I don't mind your doing this.

Jim: As long as it doesn't distract...

Van Dusen: It does distract. Ah, it's better with both hands.

Jim: I can't hold still talking with people. I want to move.

Mary: It was more like an in and out motion, but then when he started

moving both hands, it looked like he was defending his body.

Van Dusen: One looks more like throwing out or rejecting. This is more back and forth. Can you identify the gesture and what it implies to you? We have speculations here on our parts. I cannot retain knowledge. If you amplify this _____.

Jim: It just goes that far. No matter how well something is presented to me, it just goes that far (gesturing with his hand).

Van Dusen: What might happen if it went further?

Jim: It might hurt. I am very cautious about moves I make, particularly about people I have never seen before.

Van Dusen: Yes, I know. It might hurt. Could I come over there? Would that break through? If I come closer to you, can I come through, or is this the wrong way to do it? (Van Dusen goes over and taps Jim on the chin several times.)

Jim: I can't verbalize. I feel like an idiot, although I know I'm not.

Van Dusen: I'm being kind of experimental. I've discovered a barrier, and I really don't know how to deal with it.

Fred: I think that you are going to have to make the right moves before he'll let you through his barrier.

Jim: Yeah, but I'm going to have to wait for him to make the move.

June: You weren't real glib for a change.

Jim: I don't understand.

June: It's as if you really weren't feeling good. I guess I identified it more than when we were sitting there...

Jim: Yeah, but in a really uptight situation, it is my fear. Outside, I'm cool, but inside I'm shaking.

June: Yeah, and I envy that because I'm shaking on the outside. I look at you, and I could have a fit because you're looking so cool and I'm really shaking.

Jim: I'm envious of you because you do shake.

June: You were starting to do that when he got up close to you. The closer he got, the more it registered.

Jim: I'm impressed. I'd like to play poker with you sometime.

Fred: Her face is very tight. I can see the muscles, even when you smile.

Van Dusen: Let's talk about it. Go into the tears, but let's get it out, let's talk about the pain. Stay in a tight pretty smile, and tell us about the pain.

June: I don't mean cynicism.

Van Dusen: That's fine, but keep the tight smile. I want to see it related to the tight smile, for it's very much akin.

June: Getting into it, it is going away.

Van Dusen: Getting into it, it is going away. I'm puzzled as to what this means. Someone died?

June: No. The pain that someone saw--I can't get a hold of now.

Jim: It came to me like someone leaving you. Some of the tightness is leaving now.

Van Dusen: It is, unfortunately. Come on, smile nicely. There are 300 or 400 people out there. Smile for them. Come on, be a pretty girl. No pain. Back again? What's it like? Focus on the pain. Describe the pain. Don't worry about anything else. Just focus on the pain. Get the memories, feeling, anything.

June: I just heard the man's voice reaching some kind of ideal of happiness without ever having to stand and wait and reach other people.

Van Dusen: I'm still puzzled. I wish we could help you more. Could

you help?

Mary: I don't know, but I realize what I am seeing. She began to hurt every time you asked her for a nice pretty girl smile. Then the pained expression comes on her face. The first thing she starts talking about is an image, living up to an image. I wonder if there is any connection between this kind of feeling and her response.

Van Dusen: Living up to your pretty girl image? With a nice smile, everything is all right.

June: What I am feeling now is what I know about myself, and that isn't supposed to be reached. If you don't want yourself to be reached some time you have to have a mask.

Van Dusen: What would it be like if you allowed yourself to be reached? Could you? That dreadful smile. I am very impressed by what you have said (referring to Mary).

Mary: I really feel that I can empathize with her right now. She feels a tremendous need for somebody now, a tremendous need to be touched, to be loved, to be cared for; but she is afraid to expose all of her needs because people might reject her then. People can love you better if you don't need so much from them. She said, too, that she wanted to reach the ideal without reaching out. She didn't want to tell you that that was what it was, but she wanted you to know anyway. She wants you to reach out to her without her having to tell you that she needs you.

Van Dusen: You think "no" to that.

June: Maybe a little bit.

Van Dusen: But this was more on the nailhead.

June (crying): Talking about my need for acceptance or something like that, to be loved, to make known that experience, like it is right now.

Jim: Everybody has a need.

Mary: That's why I can feel what she feels. When you first made your observation about the look on her face, it didn't surprise me in the least. I think people feel this way. When they experience what she is feeling, when they are in touch with that, it is a painful experience.

Van Dusen: Could you talk of your feelings?

Mary: I feel that way myself. I know she is going through tremendous deep pain. People are always testing people out--to see how much experience they are going to need--and then they are always backing off. Dr. Van Dusen, with his knowledge, going back and forth: maybe this isn't the same thing, but I feel it in my whole body. I don't know how to say it.

Van Dusen: I enjoy being with you. Can we close at this point? Is there anything else you want to do?

Mary: I have the idea that we left you (Bill) hanging. When we came up here, you expressed how vulnerable you felt, and we were just as vulnerable as you.

Bill: I don't feel badly about that. Your being able to talk about yourself got me out of worrying about all of you and focusing on me. Like you said, the more I could get into you and the things you were feeling the less I gave a damn about my feelings. My pulse is down to normal and I'm feeling fine.

Van Dusen: Thank you people. I didn't expect to accomplish so much with a group. You realize that this was a group of total strangers in their first session with only a few minutes in the session. I had an advantage over them. The tension of coming up and being before others adds to the impact of it. All things shared have more impact. I was impressed with the people, especially with Mary's observation. I think this was a critical thing. What on earth are we doing? We are human, and the human likes the

other person. We can understand them, but Mary did that better than I did. I picked up the gestures of pain and some of the implications, but she could penetrate much further than I could, because she was more like her than I am. This is one of the advantages of the group process. Everyone is capable, and insofar as they are human and use their humanness, they become leaders. The whole issue (who is the leader and so on) disappears. Hopefully it would disappear in an hour with this group. It was already beginning to go.

I feel that basically we are dealing with processes of discovering, uncovering humanness. The humanness is sitting right in front of us. It is awfully obvious, and we are having trouble seeing the obvious, great trouble seeing the obvious or dealing with it. Where there is something missing in the body language (like here in her tight face), then we can go into the implications for that person's life. It is right there in the breathing or other gestures, and they can learn that their anxiety is in the breathing and then watch it, hopefully. The outsider tends to help amplify it. There is nothing clever about the whole thing if it is there. I asked her to hold it in a tight expression. I was hoping this holding in a tightness would amplify it. It didn't so much. It was someone else's understanding that had much more amplifying power than what I did. We're just basically walking around humanness. It is like a piece of furniture. It has this or that kind of shape; it's solid; and it fits this way. It's all terribly concrete, but for some reason we are having a dreadful time finding it. The Gestalt approach tends to utilize a number of techniques. I described a number of different techniques; Fritz used only a few he had mastered. The techniques really aren't the issue, for they represent the personality. Fritz was a kind of obnoxious fellow--as he said, a mixture between a prophet and bum. His techniques had the same obnoxious quality. Myself, I enjoy a kind of coming up on the person in almost a tactile kind of way. When the person says "no," then I stop at this point. I'm not trying to break in. This is a matter of style.

Part of becoming a therapist is discovering a style appropriate to you, natural to you. The instrument you are using, this great therapeutic instrument, is really your own nature. I use everything I have. I look at a girl and I fantasize; I watch my feelings. When I first sat down with this lady, when we were doing the dyad here, she really cramped my breathing. I sometimes pick up someone else's gesture and discover I am (panting) not breathing and then I ask myself, "What's going on here?" Discover what is native or natural to you, what seems to work, and work on it over and over again.

Basically, the instrument is yourself; insofar as you get to understanding yourself pretty well, the instrument works well. I can tell you when my instrument is in good shape and when it is in bad shape. If I am trying to impress you people or get too much egotism, it is not worth much. It just goes out the window. If I don't care that much, it works much better. We ourselves are the instrument, and we are only trying to unlock humanness; and humanness is concrete and right in front of us. It isn't much more than that. The whole theory is so terribly simple. In Gestalt the missing pieces are right there, and you are going around them and helping the person find them. Therapy begins when a person goes from, say, the tight face to some other implications. It's a beginning. You may not have to go on. All of this can be quite short. It has a Zen swiftness to it.

What you are looking for is for me very concrete, and you know when it is there. You can see it coming and going, ambivalently, and finally it comes and stays.

Question and Answer Period

Question: Since you laid so much emphasis on the non-professionals, why the necessity for Van Dusen?

Answer: I hope the professional becomes less necessary as time goes on. I see the professional as aiding the process. I've helped several street programs get off the ground. I see real use for professionals at a higher level than they ever dreamed of before. I have seen street programs perish because the leaders couldn't work out grant applications. Well, I can do that, so I help them with evaluation and the technical kinds of things. They already have most of the keys to many nitty-gritty things, to how-to-do-it. Sometimes, by my prestige or my position, I remind them that they have the key so they will go ahead and do things. I see professionals as profoundly necessary--to understand, ameliorate, aid, these programs. We have enough human problems around us, so I have no concern for our profession. We will not go out of business. And when we solve all the individual human problems, we can start working on the corporations and governments.

Question: Will you expand on the statement that you made to the effect that the most effective people you've met were drug users?

Answer: In the realm of drug treatment, yes, selected, trained drug users are among the most effective people I have seen. A lot of programs have had trouble with the slippery con artist who simply shifted from heroin to dealing with communities. It's not a simple transition. We take only drug users who have been in a one-year intensive treatment program, and then we screen them and reject most and train the few. They are selected and trained. What we are basically dealing with is the fact that people who have been part of a culture have the best grip on the culture. If I were going to deal with Spanish-speaking Americans, I would want Spanish-speaking leaders.

We're dealing with cultural differences. When there is a problem in a cultural group, then I want to look to the leaders in that group, the people with the most savvy, and work with them until they establish power with their own group and then design something appropriate to them. I'll give you an example of a black group. In Brooklyn, N. Y., black mothers were concerned about all the dope in the neighborhood, and they got together and developed a solution. They got young members of the black culture to break the arms and legs of dealers. I am impressed by their results. It only took two or three arm-breakings and leg-breakings to lay down an impressive message. Blacks will not sell dope to blacks. What I am saying is that I am very interested in things that work, even though they are far out.

I'll give you another example. In Fort Worth Hospital there were a lot of Spanish-speaking people. Because of discrimination, blacks and Spanish-speaking people are more likely to be imprisoned there than whites are. In this hospital, there was a Spanish Society of the Sacred Heart. I was very anxious to meet the leaders of this Society of the Sacred Heart. The doctor was surprised that I was interested. The Society of the Sacred Heart held religious observances to the Virgin Mary, and part of their practice was to help other Spanish-speaking people. It is a pitiful situation when the experts can't recognize something constructive. What they were doing was something uniquely Spanish and uniquely helpful. I would have given them backing and support.

The most powerful helpers of a subgroup are members of that group who have personally found their way out of the bind of the group. They understand in their bones and in their lives what is needed.